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BIENNIAL REPORT

OF THE

**NORTH CAROLINA STATE
COMMISSION FOR THE BLIND**

FROM JULY 1, 1938, THROUGH JUNE 30, 1940

"THERE IS NO LOVELIER WAY TO THANK
GOD FOR YOUR SIGHT THAN BY GIVING
A HELPING HAND TO SOMEONE IN THE
DARK."

—HELEN KELLER.

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**THE NORTH CAROLINA
STATE COMMISSION FOR THE BLIND**

JUDGE SAM M. CATHEY, *Chairman*, Asheville, N. C.

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Durham, N. C.

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REPORT OF THE NORTH CAROLINA STATE COMMISSION FOR THE BLIND

Oct. 29, 1940

*His Excellency, CLYDE R. HOEY,
Governor of North Carolina,
Raleigh, N. C.*

DEAR GOVERNOR:

It becomes my pleasant duty as Chairman of the North Carolina State Commission for the Blind to transmit herewith the report of the various phases of work done by the Commission during the past two years.

The members of the Commission have, both individually and collectively, taken a very active part in the carrying out of this program of work. The Commission has checked carefully and supervised all receipts and expenditures. We wish to assure you that we have been as economical as possible and are confident that you will be greatly pleased with the excellent results obtained with the funds available.

The Commission feels that the achievements that have been accomplished have been due largely to the splendid work of the Executive Secretary, Dr. Roma Sawyer Cheek, and the efficient staff, the members of which have had special training and experience in this field of work, and to the Lions Clubs, Women's Clubs, other civic groups, State and County Agencies and interested individual citizens. When you have read the report of this work, I feel confident that you will be well pleased with the services that are being rendered to the blind and visually handicapped of our State.

The members of the Commission wish to take this opportunity to express to you their most sincere appreciation for the personal interest that you have manifested in our work and for the very fine cooperation we have received at all times.

I have the honor to remain,

Faithfully yours,

SAM M. CATHEY, *Chairman,*
N. C. State Commission for the Blind.

INTRODUCTION

The problems of blindness and seriously defective vision in North Carolina are more wide-spread among the general population than have been anticipated by anyone. When the Commission was created in 1935, an appropriation was made by the Legislature to register and provide various services for the 2,500 blind persons then estimated to be living in the State. However, the Commission now has in its active register information on 6,690 blind persons and additional blind persons are being regularly reported.

When the Federal Social Security Program began operation in North Carolina in 1937, it was thought that there would not be more than 1,500 needy blind persons who would qualify for direct relief under the law, and it was estimated that they should be given an average grant of \$20 a person per month. However, during the first ten months of the administration of the program, 1,492 blind persons were found who were in dire need of relief, and because of the limited funds available, it was necessary to reduce the grant to an approximate average of \$15 per person per month. Additional applications from blind people for direct relief have been regularly filed. At the present time actual investigation of the needy blind persons whose applications are pending prove that 660 who are now receiving no assistance are clearly eligible under the law and in dire need of an Aid to the Blind Grant.

A recent State-wide Eye Survey made by the public school teachers in cooperation with the Commission shows that approximately 164,227 children, or approximately 18 per cent of the total school population have been found by the eye tests given by their teachers to have defective vision, of which 62,801 or approximately 38 per cent are grade repeaters. The teachers have stated that in their opinion approximately one-half of these children have parents financially unable to provide medical eye care for them. These visually handicapped, indigent children cannot profit fully from the educational advantages the State provides unless their vision is improved, and what is more important, many of these children may become totally blind in one eye, and others may become blind in both eyes if the necessary medical eye care is not given.

In the fields of operative care, the Commission in cooperation with the ophthalmological surgeons expected to receive an annual average of about 100 applications from indigent persons needing

eye operations to restore or conserve vision; however, the Commission now has a definite record of more than 1,200 indigent men, women and children whose vision may be restored, conserved or improved if it were possible to provide the needed eye operations. Unless the most urgent of these cases are taken care of within the near future, it will be too late for the needed operations to restore, conserve or improve vision.

The above challenging needs in the fields of work with the blind and conservation of vision have placed upon the members of the North Carolina State Commission for the Blind weighty responsibilities in the discharge of their obligations as set forth in the North Carolina laws. As this report will show in succeeding pages, the Commission is at present especially concerned with the meeting of the two above-mentioned emergency needs which it feels are clearly the State's responsibility at this time—the granting of aid to the very needy blind people now eligible under the law, but who are not receiving an Aid to the Blind grant because of lack of funds, and the provisions of necessary medical eye care for the most urgent cases.

The biennial period, July 1, 1938 through June 30, 1940, which this report covers is the first full biennium in which the Commission has operated. This period has witnessed definite developments in both the extent and effectiveness of the program, and has afforded a cogent demonstration of the importance of the work to the State of North Carolina. The succeeding pages of this report will show how many urgent present needs are being met and how the program is establishing a foundation for more effective service in the future. The members of the Commission cannot stress too strongly their desire to see further development of this important work and particularly the provision of means to take care of the two emergency needs mentioned in the preceding paragraph.

SURVEY AND REGISTER

"That it shall be the duty of this Commission to cause to be maintained a complete register of the blind in the State of North Carolina, which shall describe the condition, cause of blindness, capacity for education and industrial training of each, with such other facts as may seem to the Commission to be of value."—Chapter 53, Public Laws of North Carolina, 1935, Section 3.

On June 30, 1940 there were registered with the North Carolina State Commission for the Blind 6,690 blind persons. While this is not a complete register of all the blind in the State, it includes

the great majority of those persons whose vision is so defective that they can not read ordinary print even with the aid of glasses. 50 per cent of the group registered are totally blind in both eyes, 19 per cent are totally blind in one eye but have some useful vision in the other eye, and 31 per cent have some useful vision remaining in both eyes.

Approximately 65 per cent of the known blind population in North Carolina are white; 34 per cent are colored; 1 per cent is Indian.

It is interesting to note that the counties of the Tidewater region have the highest rate of blindness, 246 per 100,000 of the general population. The Highland counties have the second highest rate with 233 blind per 100,000 of the general population. The Upper Coastal and Piedmont counties have approximately the same ratio of blindness, having 206 and 207 blind persons respectively per 100,000 of the general population.

There are several possible explanations for these variations in regional ratio of blindness. The most important seems to be the fact that in the Tidewater region the ratio of persons fifty-five years of age and over per 100,000 population according to the general census is higher than in other regions. The ratio of blindness among the aged is much higher than among other age groups. Also, the comparative wealth of this region is less than the other areas indicating the resulting inability of much of the citizenship to provide needed medical care for the conservation and restoration of vision and the provision of an adequate diet.

It is gratifying, however, to note that there is a comparative reduction in the concentration of blindness in the Tidewater and Highland regions over the last biennium. The Commission has made a special effort to provide medical care for those areas where the concentration of blindness was heaviest at the beginning of the program.

The accompanying Table 1 presents the data by geographical regions and counties and discloses very interesting information with regard to the location of the blind in North Carolina, their race and sex, present age, degree of blindness, age at the onset of blindness, source of support and the number of blind per 100,000 of the total population.

PREVENTION OF BLINDNESS

"That it shall be the duty of this Commission to continue to make inquiries concerning the cause of blindness, to learn what proportion of these cases are preventable and to inaugurate and cooperate in any such

TABLE NO. 1—Data by geographical regions and counties concerning persons with seriously defective vision.

[illegible]

measure for the State of North Carolina as may seem wise. The Commission may arrange for the examination of the eyes of the individual blind and partially blind persons and may secure and pay for medical and surgical treatment."—Chapter 53, Public Laws of North Carolina, 1935, Section 7.

In the field of work with the visually handicapped, the first duty of the State to its citizens is to prevent them from becoming blind or from having to suffer the disintegrating effects of continuing seriously defective vision. Civilization through its inventions and other types of progress has lifted much of the burden of physical labor from the backs of human beings, but the demands upon the eyes have, with this progress, greatly increased.

Since from 65 per cent to 75 per cent of blindness is preventable, the Commission has given special emphasis to this phase of its work. The Commission has cooperated with all groups and agencies interested in promoting and maintaining eye health, and, insofar as funds were available, has aided indigent persons needing eye care by assisting them in securing the necessary examinations, refractions and hospitalization for operations and treatment.

During the past biennium, 6,650 indigent persons have been examined by ophthalmologists. Table II gives much interesting data on this group, according to counties and geographical regions in the State, giving the present age, sex, color, diseases primarily responsible for eye conditions and the recommendations of the examining ophthalmologists.

During the biennium, the following services have been rendered to the 6,650 persons examined: Operations: 322; refractions: 5,231. With this assistance, 653 persons were removed from the classification of blindness. It would cost annually \$117,540.00 in County, State and Federal funds to provide direct relief grants at the present average grant of \$15.00 per month to maintain these people in blindness who are now able to return to normal life and perform the ordinary types of work. The following informational data gives the county, age and diagnosis, with the vision before medical care was given and the vision after medical care was given. A study of this data will show that in a number of cases the person's vision was restored to normal.

In many cases, it is necessary to perform more than one operation, as, for example: in cataract cases, it is often necessary to perform several needlings and in extractions to remove secondary membranes before the vision can be restored. Also,

INFORMATIONAL DATA ON 653 PERSONS REMOVED FROM CLASSIFICATION OF BLINDNESS

NOTE: 20/20 is normal vision, that is, the individual can see an object at 20 feet which he is supposed to see at that distance. 20/200 means that the person must be within 20 feet of an object to see it while he should be able to see it 200 feet away. The numerator in this fraction is always the distance at which the person is able to see the examining object and the denominator is the distance at which the person *should be able to see it* if vision were normal.

In the table below, "L. P." means "Light Perception," "H. M.," "Hand Movements," and "F. C.," "Finger Count."

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Alamance	66	Cataract	F.C.	F.C.	20/200	20/25
"	13	Myopia	20/200	20/200	20/30	20/30
Alleghany	19	Hyperopia	20/200	20/200	20/40	20/40
Anson	60	Presbyopia	20/400	20/400	20/70	20/70
"	10	Hyperopia Astigmatism	20/400	20/400	20/25	20/40
"	50	Amblyopia	20/350	20/300	20/50	20/45
"	12	Myopic Astigmatism	20/200	20/200	20/50	20/50
"	54	Hyperopic Astigmatism	20/200	20/200	20/30	20/30
"	13	Hyperopic Astigmatism	20/400	20/200	20/400	20/20
"	14	Hyperopic Astigmatism	20/400	20/400	20/20	20/200
"	27	Hyperopic Astigmatism	20/200	20/200	20/100	20/25
"	16	Hyperopic Astigmatism	20/400	20/200	20/200	20/20
"	72	Presbyopia	20/400	20/100	20/70	20/20
"	69	Hyperopic Astigmatism	20/100	20/100	20/30	20/30
"	13	Myopic Astigmatism	20/100	20/100	20/20	20/30
"	49	Presbyopia	20/100	20/100	20/20	20/30
"	18	Cataract	20/200	L.P.	20/200	20/30
Ashe	17	Myopic Astigmatism	20/100	20/100	20/20	20/20
"	11	Hyperopia	20/100	20/100	20/20	20/20
"	65	Hyperopia	20/100	20/100	20/20	20/20
"	48	Amblyopia	20/200	20/200	20/50	20/200
"		Myopia	20/200	20/200	20/60	20/100
"		Nystagmus	20/200	20/200	20/50	20/50
"		Hyperopic Astigmatism	20/400	20/200	20/50	20/50
"	14	Hyperopia	20/180	20/400	20/20	20/20
"	12	Hyperopic Astigmatism	20/400	20/400	20/25	20/25
"	81	Cataract	6/400	20/400	6/400	20/70
"	10	Hyperopic Astigmatism	20/400	20/400	20/80	20/80
"	73	Cataract	20/400	20/400	20/70	20/70
Avery	35	Cataract	20/200	20/200	20/70	20/20
"	51	Cataract	20/200	20/200	20/70	20/70
"	14	Hyperopic Astigmatism	20/200	20/200	20/70	20/70
"	17	Hyperopic Astigmatism	20/100	20/200	20/25	20/25
"	12	Strabismus	20/100	20/200	20/70	20/20
"	17	Myopia	20/200	20/200	20/100	20/70
"	17	Nystagmus	5/200	7/200	5/200	20/70
"	11	Hyperopic Astigmatism	20/200	20/200	20/200	20/20
Beaufort	45	Optic Atrophy	5/200	20/200	20/70	20/50
"	3	Hyperopia	20/100	20/100	20/30	20/30
Bertie	78	Lens Opacities	20/100	20/100	20/70	20/70
"	56	Cataract	20/200	20/200	20/70	20/70
Bladen	13	Myopia	20/200	20/200	20/40	20/40
"	60	Cataract	L.P.	F.C.	20/40	F.C.
"	27	Presbyopia	20/200	20/200	20/30	20/30

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COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Bladen	9	Myopia	F.C.	F.C.	20/70	20/70
"	45	Presbyopia	20/100	20/100	20/20	20/20
Brunswick	19	Cataract	L.P.	L.P.	L.P.	20/70
Buncombe	28	Nystagmus	20/300	20/300	20/30	20/30
"	29	Myopia	20/300	20/300	20/30	20/30
"	66	Cataract	20/400	20/200	20/50	20/20
Burke	55	Hyperopia	20/200	20/200	20/20	20/30
"	79	Cataract	20/200	20/100	20/50	20/50
Cabarrus	37	Esotropia	20/200	20/200	20/50	20/200
"	73	Cataract	20/200	20/200	20/30	20/200
"	26	Hyperopia	20/100	20/100	20/25	20/30
"	74	Hyperopia	20/200	20/200	20/40	20/40
"	26	Hyperopia	20/200	20/200	20/30	20/30
"	51	Hyperopia	20/200	20/200	20/20	20/20
"	42	Hyperopia	20/200	20/200	20/20	20/40
"	16	Myopia	20/200	20/100	20/100	20/20
"	28	Amblyopia	20/200	20/200	20/100	20/25
"	61	Presbyopia	20/400	20/400	20/25	20/30
"	7	Strabismus	20/200	20/200	20/30	20/30
"	40	Presbyopia	3/200	3/200	20/20	20/20
"	15	Hyperopia	20/200	20/200	20/20	20/20
Caldwell	53	Myopia	20/400	20/400	20/70	20/70
"	58	Cataract	20/200	20/200	20/200	20/70
"	8	Cataract	20/800	20/800	20/70	20/80
"	71	Cataract	20/200	20/200	20/70	20/70
"	40	Choroiditis	F.C.	F.C.	F.C.	20/50
"	11	Myopia	20/400	20/300	20/100	20/30
"	10	Hyperopia	20/140	20/140	20/20	20/20
"	12	Hyperopia	20/120	20/120	20/70	20/70
"	14	Cataract	20/200	20/300	20/60	20/80
"	11	Myopia	20/200	20/200	20/60	20/80
"	38	Choroiditis	20/400	20/200	20/30	20/30
"	16	Optic Neuritis	20/200	20/100	20/100	20/50
"	13	Myopia	20/170	20/100	20/40	20/40
Carteret	55	Cataract	20/200	20/200	20/50	20/70
"	70	Cataract	F.C.	F.C.	20/100	20/70
"	78	Cataract	F.C.	F.C.	20/70	20/70
Caswell	63	Presbyopia	20/400	20/400	20/25	20/25
"	68	Cataract	20/400	20/400	20/50	20/50
"	11	Hyperopia	20/100	10/400	20/30	20/30
"	11	Hyperopia	20/100	10/400	20/30	20/30
Catawba	11	Hyperopic Astigmatism	20/200	20/200	20/15	20/15
"	58	Presbyopia	20/100	20/100	20/25	20/25
"	37	Astigmatism	20/200	20/200	20/25	20/25
"	58	Presbyopia	20/200	F.C.	20/25	20/25
"	76	Lens Opacities	20/400	20/400	20/70	20/100
"	60	Cataract	F.C.	20/200	F.C.	20/40
Chatham	11	Myopic Astigmatism	4/400	8/400	20/20	20/25
"	15	Myopic Astigmatism	20/200	20/200	20/25	20/20
"	11	Myopic Astigmatism	4/400	8/400	20/25	20/25
"	15	Myopic Astigmatism	20/200	20/200	20/25	20/20
"	10	Myopia	20/100	20/100	20/20	20/20
Chowan		Cataract	L.P.	20/200	L.P.	20/40
"	54	Cataract	20/100	L.P.	20/70	20/50
Clay	45	Presbyopia	20/200	20/200	20/25	20/25
"	72	Presbyopia	20/160	20/160	20/33	20/33
"	10	Hyperopia	20/320	20/320	20/20	20/133

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Clay.....	65	Cataract.....	20/200	20/200	20/67	20/67
Cleveland.....	86	Cataract.....	20/400	F.C.	20/80	F.C.
".....	77	Cataract.....	20/400	20/200	20/200	20/40
".....	70	Cataract.....	20/200	L.P.	20/50	L.P.
".....	48	Amblyopia.....	20/400	5/200	20/20	5/200
".....	52	Hyperopia.....	20/400	20/400	20/30	20/20
".....	68	Lens Opacities.....	20/200	F.C.	20/50	F.C.
".....	47	Arteriosclerosis.....	20/100	20/100	20/50	20/50
Columbus.....	65	Presbyopia.....	20/100	20/100	20/30	20/30
".....	56	Cataract.....	L.P.	20/200	L.P.	20/70
".....	26	Cataract.....	L.P.	L.P.	20/25	20/25
".....	26	Astigmatism.....	20/400	20/400	20/25	20/400
Craven.....	16	Astigmatism.....	20/200	20/200	20/40	20/40
".....	56	Cataract.....	H.M.	H.M.	20/40	20/30
".....	68	Cataract.....	L.P.	L.P.	20/40	20/40
".....	54	Cataract.....	20/200	20/100	20/50	20/100
".....	62	Lens Opacities.....	20/200	20/200	20/30	20/25
".....	17	Optic Atrophy.....	20/600	20/200	20/50	20/100
Cumberland.....	15	Astigmatism.....	20/200	20/200	20/30	20/30
".....	64	Presbyopia.....	10/200	10/200	20/20	20/25
".....	12	Astigmatism.....	20/200	20/200	20/40	20/40
".....	24	Optic Atrophy.....	15/200	20/200	20/50	20/40
".....	11	Astigmatism.....	20/200	20/100	20/40	20/40
".....	57	Presbyopia.....	20/100	20/150	20/40	20/40
".....	7	Hyperopic Astigmatism.....	20/100	20/100	20/30	20/30
".....	9	Hyperopic Astigmatism.....	20/100	20/100	20/50	20/50
Currituck.....	61	Optic Atrophy.....	20/200	20/200	20/20	20/20
".....	67	Myopia.....	20/150	20/200	20/20	20/20
".....	57	Myopia.....	20/200	20/200	20/70	20/70
Dare.....	6	Astigmatism.....	20/200	20/150	20/100	20/20
".....	54	Myopia.....	10/200	5/200	20/30	20/150
".....	59	Hyperopic Astigmatism.....	20/200	20/200	20/30	20/30
".....	54	Hyperopic Astigmatism.....	20/200	20/200	20/30	20/30
Davidson.....	62	Presbyopia.....	20/100	20/100	20/40	20/40
Duplin.....	62	Cataract.....	L.P.	F.C.	20/30	F.C.
".....	16	Myopic Astigmatism.....	20/400	20/400	20/25	20/25
".....	14	Myopia.....	20/200	20/200	20/80	20/30
".....	63	Presbyopia.....	20/200	20/200	20/25	20/25
".....	65	Presbyopia.....	20/100	20/200	20/20	20/20
Durham.....	26	Cataract.....	5/400	15/400	20/50	20/50
Edgecombe.....	70	Presbyopia.....	20/100	20/200	20/20	20/60
".....	53	Presbyopia.....	10/400	10/400	20/25	20/25
".....	63	Presbyopia.....	10/400	10/400	20/25	20/25
".....	71	Cataract.....	20/400	20/100	20/30	20/100
Franklin.....	38	Amblyopia.....	20/400	10/400	20/40	10/400
".....	70	Presbyopia.....	10/400	10/400	20/25	20/25
".....	9	Hyperopic Astigmatism.....	20/200	20/100	20/100	20/20
".....	50	Hyperopic Astigmatism.....	20/200	20/100	20/20	20/20
".....	18	Myopic Astigmatism.....	20/100	20/100	20/20	20/20
Gaston.....	13	Astigmatism.....	20/100	20/100	20/20	20/20
".....	44	Presbyopia.....	20/400	20/400	20/15	20/15
".....	62	Cataract.....	20/400	20/400	20/50	20/100
".....	9	Amblyopia.....	20/200	20/200	20/50	20/20
".....	15	Hyperopia.....	20/100	20/200	20/20	20/20
".....	9	Myopia.....	20/200	20/200	20/30	20/30
".....	70	Cataract.....	L.P.	L.P.	L.P.	20/40

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Gaston	71	Cataract	L.P.	L.P.	L.P.	20/30
"	45	Cataract	20/400	H.M.	20/400	20/30
"	81	Cataract	L.P.	F.C.	20/50	F.C.
Gates	12	Hyperopic Astigmatism	20/100	20/100	20/20	20/20
"		Hyperopic Astigmatism	20/100	20/100	20/20	20/20
"	73	Hyperopic Astigmatism	20/150	20/150	20/20	20/20
"	68	Hyperopic Astigmatism	5/200	5/200	20/20	20/20
"	65	Myopia	20/150	20/200	20/20	20/30
"	65	Cataract	20/200	20/200	20/40	20/40
"	14	Myopia	20/100	20/200	20/20	20/100
"	15	Hyperopic Astigmatism	10/200	10/200	20/20	20/20
"	14	Hyperopic Astigmatism	10/200	20/200	20/70	20/20
"	17	Myopia	20/100	20/100	20/20	20/20
"	14	Myopia	20/100	20/100	20/20	20/100
Granville	16	Amblyopia	20/100	20/100	20/100	20/40
"	48	Presbyopia	20/200	20/200	20/30	20/30
"	72	Presbyopia	20/400	F.C.	20/20	20/30
"	15	Astigmatism	20/200	20/200	20/60	20/40
"	91	Cataract	20/400	20/400	20/70	20/50
Greene	49	Hyperopic Astigmatism	20/200	20/120	20/70	20/70
Gulford	10	Myopia	20/100	20/200	20/70	20/70
"	14	Myopia	20/200	20/200	20/200	20/50
"	49	Hyperopic Astigmatism	L.P.	L.P.	20/400	20/80
"	13	Astigmatism	20/100	20/100	20/30	20/30
"	13	Astigmatism	15/200	20/200	20/100	20/50
"	10	Hyperopic Astigmatism	20/200	20/200	20/100	20/20
"	9	Hyperopic Astigmatism	20/200	20/200	20/100	20/50
"	12	Hyperopic Astigmatism	15/200	15/200	20/100	20/70
"	7	Myopia	L.P.	20/400	L.P.	20/40
"	68	Cataracts	20/400		20/30	
"	55	Amblyopia	20/200	20/200	20/30	20/30
"	10	Myopia	20/200	20/200	20/20	20/30
"	34	Chorioretinitis	20/200	20/200	20/70	20/40
"	9	Hyperopic Astigmatism	20/200	20/200	20/70	20/70
"	11	Hyperopic Astigmatism	20/200	20/200	20/70	20/70
"	11	Hyperopic Astigmatism	20/200	20/200	20/70	20/100
"	10	Hyperopic Astigmatism	20/200	20/200	20/20	20/30
"		Presbyopia	20/200	20/200	20/30	20/30
"	44	Presbyopia	20/100	20/200	20/25	20/40
"	59	Pterygium	20/200	20/200	20/25	20/30
"	44	Astigmatism	20/100	20/100	20/50	20/50
Halifax	45	Hyperopia	20/200	20/200	20/70	20/70
"	10	Astigmatism	20/200	20/200	20/40	20/40
"	60	Hyperopia	20/200	20/200	20/50	20/50
"	60	Trauma	20/200		20/70	
"	80	Presbyopia	20/100	20/100	20/30	20/40
"	64	Presbyopia	20/100	20/100	20/30	20/30
"	10	Hyperopic Astigmatism	20/100	20/100	20/30	20/30
"	19	Cataract	20/200	20/200	20/200	20/70
"	44	Presbyopia	20/100	20/200	20/25	20/40
"	59	Pterygium	20/200	20/200	20/30	20/20
"	7	Hyperopic Astigmatism	20/200	20/200	20/40	20/40
"	76	Astigmatism	20/200	20/200	20/50	20/50
Harnett	15	Hyperopic Astigmatism	20/200	20/200	20/20	20/50
"		Hyperopia	10/200	5/200	20/30	20/30
"	7	Retinitis Pigmentosa	20/200	20/100	20/100	20/50
"		Amblyopia	20/200	F.C.	20/40	F.C.

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Harnett		Amblyopia	20/200	20/200	20/20	20/20
"		Amblyopia	20/200	20/200	20/25	20/25
"	55	Presbyopia	20/200	20/400	20/70	20/20
"	55	Pterygium	20/200	20/300	20/40	20/40
"	83	Cataract	L.P.	20/400	20/400	20/50
"	24	Iritis	20/200	20/200	20/150	20/70
"	83	Cataract	20/200	20/200	20/100	20/70
"	79	Cataract	20/400		20/50	
Haywood	11	Hyperopic Astigmatism	20/100	20/100	20/70	20/40
"	17	Nystagmus	20/100	20/100	20/50	20/50
"		Hyperopia	20/100	20/100	20/20	20/100
"	13	Hyperopic Astigmatism	20/200	20/200	20/30	20/200
"	13	Hyperopic Astigmatism	20/200	20/200	20/70	20/100
Henderson	16	Myopia	20/100	20/100	20/25	20/25
"	11	Esotropia	2/200	4/200	2/100	20/20
"	38	Cataract	20/400	20/400	20/400	20/30
"	56	Cataract	20/200	20/200	20/200	20/40
"	65	Cataract	L.P.	L.P.	20/40	L.P.
"	16	Myopia	20/100	20/100	20/25	20/25
Hertford	43	Presbyopia	20/100	20/100	20/20	20/25
Hoke	10	Hyperopic Astigmatism	20/100	20/100	20/50	20/50
"	56	Hyperopic Astigmatism	20/100	20/200	20/25	20/30
"	12	Hyperopia	5/200	5/200	20/30	20/30
Iredell	66	Cataract	20/400	L.P.	20/400	20/40
"	20	Chorio Retinitis	L.P.	L.P.	L.P.	20/20
Jackson	13	Myopic Astigmatism	20/246	20/246	20/29	20/29
"	82	Presbyopia	20/200	20/200	20/25	20/25
"	10	Phthesis Bulbi	20/450	20/200	20/133	20/25
"	14	Astigmatism	20/200	20/200	20/40	20/40
"	16	Glaucoma	20/200	F.C.	20/50	20/60
"		Myopia	20/320	20/320	20/20	20/20
"	76	Cataract	20/400	20/400	20/60	20/60
Johnston	60	Cataract	L.P.	L.P.	20/50	20/50
"	54	Cataract	L.P.	L.P.	L.P.	20/30
"	65	Cataract	20/400	20/400	20/400	20/30
"	33	Hyperopia	20/200	20/200	20/20	20/20
"	64	Lens Opacities	20/400	20/400	20/50	20/50
"	67	Presbyopia	20/400	20/400	20/70	20/20
"	11	Myopic Astigmatism	20/200	20/200	20/40	20/40
"	9	Hyperopic Astigmatism	20/200	20/200	20/50	20/50
"	17	Amblyopia	20/100	20/100	20/60	20/30
"	75	Cataract	20/200	20/200	20/70	20/100
"	17	Amblyopia	20/100	20/100	20/60	20/30
"	8	Hyperopia	20/100	20/100	20/50	20/50
"	13	Amblyopia	20/100	20/100	20/40	20/40
Jones		Astigmatism	20/100	20/200	20/20	20/80
"	9	Myopia	20/400	20/400	20/50	20/100
"	46	Cataract	20/400	20/600	20/40	20/60
"	62	Presbyopia	20/200	20/100	20/20	20/20
"	50	Presbyopia	20/400	20/400	20/20	20/20
"	60	Cataract	L.P.	L.P.	20/50	20/50
Lee	17	Cataract	20/400	20/400	20/70	20/70
"	40	Presbyopia	20/400	20/400	20/25	20/25
"	11	Myopic Astigmatism	20/400	20/400	20/60	20/60
"	12	Hyperopic Astigmatism	20/200	20/100	20/50	20/50
"		Myopia	20/300	20/300	20/20	20/20
"		Hyperopia	20/200	20/200	20/30	20/30

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Lee	11	Myopia	20/100	20/100	20/20	20/20
"	11	Myopia	20/100	20/100	20/20	20/20
"	7	Hyperopia	20/100	20/100	20/20	20/20
"	16	Hyperopia	20/100	20/100	20/20	20/20
"	15	Hyperopia	20/100	20/100	20/20	20/20
"	12	Myopic Astigmatism	20/100	20/100	20/40	20/50
"	12	Hyperopia	20/200	20/100	20/20	20/20
"	10	Hyperopia	20/200	20/200	20/200	20/40
"	56	Myopia	20/400	20/400	20/80	20/80
Lincoln	60	Presbyopia	20/100	20/100	20/20	20/20
Macon	57	Presbyopia	20/800	20/200	20/320	20/30
"	77	Cataract	20/200	20/200	20/80	20/114
"	73	Presbyopia	20/200	20/200	20/30	20/30
"	9	Myopia	18/200	18/200	20/40	20/30
"	11	Hyperopia	20/200	20/200	20/30	20/30
"	66	Presbyopia	20/800	20/800	20/80	20/50
"	63	Presbyopia	20/320	20/320	20/25	20/25
Madison	10	Hyperopia	20/200	20/200	20/30	20/30
"	8	Strabismus	8/200	6/200	20/30	6/200
"	10	Hyperopia	20/200	20/200	20/20	20/20
"		Hyperopic Astigmatism	20/100	20/100	20/70	20/70
Martin	22	Hyperopia	20/400	20/400	20/70	20/70
"	56	Presbyopia	20/100	20/200	20/30	20/30
"	60	Presbyopia	20/100	20/100	20/20	20/20
"	10	Myopia	20/100	20/100	20/40	20/40
"	9	Hyperopic Astigmatism	20/100	20/100	20/40	20/40
"	8	Esotropia	20/100	20/100	20/30	20/30
McDowell	55	Arteriosclerosis	20/200	20/200	20/25	20/50
Mecklenburg	25	Myopia	20/200	20/200	20/70	20/30
"	58	Presbyopia	20/200	20/200	20/20	20/20
"	65	Hyperopia	20/200	20/200	20/20	20/20
"	42	Astigmatism	20/200	20/300	20/30	20/30
"	15	Hyperopia	20/200	20/200	20/70	20/100
"	10	Hyperopia	L.P.	20/200	20/200	20/50
"	37	Hyperopia	20/200	20/200	20/20	20/20
"		Presbyopia	20/100	20/200	20/20	20/20
"	53	Presbyopia	20/200	20/200	20/20	20/20
"	43	Presbyopia	20/200	20/200	20/20	20/20
"	13	Myopia	20/200	20/200	20/45	20/40
"		Myopia	20/200	20/200	20/80	20/100
"		Presbyopia	20/100	20/100	20/20	20/20
"		Myopia	20/100	20/100	20/20	20/20
"	63	Presbyopia	20/100	20/100	20/20	20/20
"	61	Presbyopia	20/100	20/100	20/20	20/20
"	48	Presbyopia	20/100	20/100	20/30	20/30
"	9	Nystagmus	20/200	20/200	20/100	20/70
"	11	Astigmatism	20/300	20/250	20/100	20/65
"	62	Presbyopia	20/200	20/200	20/30	20/30
"		Nystagmus	20/200	20/200	20/40	20/40
"	80	Cataract	20/300	20/300	20/100	20/35
"	45	Hyperopic Astigmatism	L.P.	20/300	20/50	20/35
"	34	Hyperopia	20/400	20/200	20/30	20/20
"	50	Hyperopia	20/200		20/20	
"	49	Hyperopia	20/200	20/200	20/20	20/20
"	11	Myopic Astigmatism	20/250	20/200	20/20	20/20
"	15	Myopia	20/200	20/250	20/20	20/20
"	11	Myopia	20/200	20/200	20/20	20/20
"	12	Retinitis	20/200	20/200	20/100	20/70

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Mecklenburg	11	Myopia	20/200	20/100	20/30	20/30
"	12	Hyperopic Astigmatism	20/100	L.P.	20/100	20/20
"	67	Presbyopia	20/100	20/200	20/40	20/50
"	13	Myopia	20/200	20/150	20/20	20/20
"	12	Presbyopia	20/250	20/250	20/40	20/40
"	11	Hyperopic Astigmatism	20/200	20/100	20/70	20/70
"	17	Myopic Astigmatism	20/300	20/300	20/20	20/20
"	15	Myopic Astigmatism	20/100	20/200	20/20	20/20
"	9	Amblyopia	20/200	20/200	20/70	20/20
"	13	Myopia	20/200	20/200	20/200	20/20
"	4	Astigmatism	20/100	20/100	20/70	20/70
"	48	Presbyopia	20/100	20/100	20/20	20/20
"	10	Optic Atrophy	20/100	20/100	20/70	20/70
"	20	Myopic Astigmatism	20/100	20/100	20/15	20/15
"	52	Presbyopia	20/100	20/100	20/20	20/20
"	45	Presbyopia	20/100	20/100	20/20	20/20
"	68	Cataract	20/200	20/400	20/200	20/40
"	38	Cataract	20/100	20/200	20/100	20/70
"	45	Cataract	L.P.	L.P.	L.P.	20/50
"	27	Cataract	20/200	L.P.	20/200	20/30
"	68	Cataract	L.P.	L.P.	20/70	L.P.
"	64	Cataract	20/200	20/400	20/200	20/30
"	13	Cataract	20/200	20/200	20/200	20/40
"	48	Cataract	L.P.	20/200	20/30	20/100
"	72	Cataract	L.P.	L.P.	L.P.	20/40
"	62	Cataract	L.P.	L.P.	20/50	20/50
Mitchell	12	Hyperopic Astigmatism	20/100	20/200	20/20	20/100
Montgomery	12	Myopia	20/200	20/200	20/40	20/40
"	12	Myopia	20/200	20/200	20/60	20/60
"	16	Cataract	L.P.	L.P.	20/50	20/50
"	14	Cataract	L.P.	L.P.	20/50	20/50
Moore	7	Myopia	20/200	20/200	20/30	20/30
"	78	Presbyopia	20/200	20/200	20/30	20/30
"	25	Astigmatism	20/300	20/300	20/80	20/80
Nash	40	Hyperopic Astigmatism	20/200	20/200	20/30	20/30
"	10	Hyperopic Astigmatism	20/400	20/400	20/50	20/50
"	55	Presbyopia	20/200	20/100	20/20	20/20
"	73	Presbyopia	10/400	10/400	20/20	20/20
"	15	Myopia	20/200	20/200	20/20	20/20
"	68	Myopia	20/200	20/200	20/20	20/100
"		Presbyopia	20/200	20/200	20/20	20/20
"		Presbyopia	20/200	20/300	20/20	20/20
New Hanover	63	Optic Atrophy	20/100	20/100	20/40	20/25
Northampton	60	Cataract	20/200	20/200	20/50	20/50
"	62	Presbyopia	20/300	20/400	20/20	20/20
"	48	Presbyopia	20/400	20/400	20/20	20/20
"	57	Lens Opacities	20/200	20/200	20/40	20/60
Onslow	63	Cataract	20/200	20/100	20/50	20/30
"	60	Presbyopia	20/200	20/200	20/30	20/30
Orange	71	Cataract	20/100	L.P.	20/100	20/70
Pamlico	43	Cataract	20/200	20/200	20/200	20/40
Pasquotank	64	Presbyopia	10/200	10/200	20/30	20/30
"	62	Cataract	L.P.	L.P.	20/30	L.P.
"	16	Myopic Astigmatism	15/200	15/200	20/30	20/30
"	64	Cataract	20/200		20/30	
"	22	Hyperopic Astigmatism	20/200	20/200	20/20	20/20
Person	28	Corneal Scars	20/200	20/200	20/25	20/25
"	8	Hyperopia	20/200	20/200	20/100	20/20

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Pitt.....	10	Hyperopia.....	20/200	20/200	20/30	20/30
".....	13	Hyperopia.....	20/200	20/200	20/20	20/20
".....	11	Hyperopia.....	20/400	20/400	20/20	20/20
".....	10	Hyperopia.....	20/200	20/200	20/30	20/30
".....	13	Hyperopic Astigmatism.....	20/200	20/200	20/25	20/25
".....	11	Hyperopic Astigmatism.....	20/400	20/400	20/20	20/20
".....	9	Hyperopic Astigmatism.....	20/200	20/200	20/70	20/30
".....	12	Hyperopic Astigmatism.....	20/400		20/20	
".....	73	Cataract.....	F.C.	L.P.	F.C.	20/50
".....	50	Cataract.....	20/400	L.P.	20/400	20/40
".....	68	Cataract.....	L.P.	L.P.	20/20	20/20
".....	11	Hyperopic Astigmatism.....	20/300	20/200	20/25	20/20
".....	58	Presbyopia.....	F.C.	20/200	F.C.	20/20
".....	12	Myopic Astigmatism.....	20/300	20/300	20/20	20/20
".....	53	Optic Neuritis.....	20/200	20/400	20/40	20/40
".....	35	Chorio Retinitis.....	20/400	20/400	20/70	20/400
".....	49	Amblyopia.....	20/400	20/200	20/25	20/25
".....	54	Presbyopia.....	20/400	20/400	20/20	20/25
".....	25	Myopia.....	F.C.	20/200	F.C.	20/70
Polk.....	56	Hyperopic Astigmatism.....	20/200	20/200	20/25	20/25
".....	10	Myopia.....	20/100	20/200	20/40	20/50
".....	6	Hyperopic Astigmatism.....	20/100	20/100	20/30	20/30
".....	11	Hyperopic Astigmatism.....	20/100	20/100	20/40	20/40
".....	68	Astigmatism.....	20/100	20/100	20/25	20/25
".....	15	Hyperopic Astigmatism.....	20/400	20/100	20/400	20/20
".....	55	Presbyopia.....	20/400	20/400	20/20	20/50
".....	10	Hyperopia.....	10/200	10/200	20/30	20/30
Randolph.....	60	Presbyopia.....	20/300	20/300	20/20	20/20
".....	15	Hyperopia.....	20/200	20/200	20/100	20/70
".....	12	Hyperopia.....	20/200	20/200	20/30	20/30
".....	73	Cataract.....	20/200	20/400	20/200	20/30
".....	66	Cataract.....	20/200	20/200	20/40	20/200
".....	14	Hyperopia.....	20/200	20/200	20/30	20/30
Richmond.....	63	Myopia.....	20/200	6/200	20/30	6/200
".....	9	Myopia.....	20/200	20/200	20/30	20/30
".....	60	Cataract.....	L.P.	L.P.	20/40	L.P.
".....	18	Cataract.....	20/200	F.C.	20/40	F.C.
".....	45	Presbyopia.....	20/200	20/200	20/20	20/20
Robeson.....		Myopia.....	20/300	20/300	20/40	20/40
".....	12	Hyperopia.....	20/300	20/300	20/60	20/100
".....	27	Hyperopic Astigmatism.....	20/300	20/300	20/40	20/80
".....	11	Hyperopic Astigmatism.....	20/200	20/200	20/30	20/30
".....	12	Hyperopic Astigmatism.....	20/300	20/200	20/30	20/30
".....	12	Hyperopic Astigmatism.....	20/200	20/300	20/20	20/20
".....		Myopia.....	20/200	20/200	20/20	20/20
".....	17	Hyperopic Astigmatism.....	20/200	20/200	20/50	20/50
".....	12	Hyperopic Astigmatism.....	20/400	20/400	20/70	20/70
".....	15	Hyperopic Astigmatism.....	20/100	20/300	20/20	20/60
".....	64	Hyperopia.....	20/200	20/400	20/30	20/40
".....	39	Presbyopia.....	20/200	20/200	20/30	20/25
".....	37	Myopic Astigmatism.....	20/400	20/400	20/30	20/30
".....	60	Lens Opacities.....	L.P.	20/400	L.P.	20/40
".....	7	Hyperopia.....	20/100	20/200	20/20	20/40
".....	131	Astigmatism.....	20/300	20/300	20/100	20/70
".....	10	Myopia.....	20/200	20/200	20/70	20/60
".....	68	Astigmatism.....	20/300	20/300	20/50	20/50
".....	61	Presbyopia.....	20/400	20/400	20/25	20/25

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Robeson	61	Presbyopia	20/200	20/200	20/30	20/30
"	7	Astigmatism	20/300	20/200	20/20	20/20
"	12	Hyperopia	20/100	20/300	20/20	20/30
"	31	Hyperopia	20/300	20/300	20/25	20/25
"	65	Cataract	20/100	20/500	20/20	20/60
"		Astigmatism	20/100	20/200	20/30	20/35
"		Optic Atrophy	20/300	20/300	20/100	20/30
Rockingham	39	Myopia	20/400	20/400	20/40	20/40
"	22	Myopia	20/200	20/200	20/40	20/30
"	72	Cataract	20/400	L.P.	20/400	20/30
Rowan	88	Cataract	20/200	20/200	20/70	20/200
"	81	Cataract	F.C.	20/300	F.C.	20/80
"	78	Cataract	20/200	20/200	20/50	20/50
"	91	Cataract	20/200	20/200	20/70	20/70
"	86	Cataract	20/300	20/300	20/70	20/70
"	72	Cataract	20/300	20/300	20/30	20/80
"	14	Myopia	8/200	8/200	20/20	20/100
Rutherford	16	Hyperopic Astigmatism	20/200	20/200	20/30	20/30
"	14	Hyperopic Astigmatism	20/200	20/200	20/30	20/30
"	10	Hyperopic Astigmatism	20/200	20/200	20/40	20/40
"	79	Cataract	20/200	20/400	20/50	20/200
"	51	Myopia	20/200	20/200	20/30	20/30
"	13	Hyperopic Astigmatism	20/100	20/200	20/40	20/40
"	14	Hyperopic Astigmatism	20/200	20/100	20/40	20/70
"	15	Hyperopic Astigmatism	20/200	20/200	20/200	20/30
"	13	Myopia	20/100	20/200	20/30	20/25
"	15	Hyperopic Astigmatism	20/200	20/200	20/30	20/30
"	14	Hyperopic Astigmatism	20/200	20/200	20/100	20/50
"	8	Myopia	20/100	20/200	20/70	20/100
"	15	Astigmatism	20/100	20/100	20/50	20/50
"	11	Myopia	20/100	20/100	20/25	20/25
"	11	Hyperopic Astigmatism	20/200	20/200	20/100	20/70
Sampson	16	Myopic Astigmatism	20/100	20/100	20/70	20/70
"	11	Hyperopia	20/200	20/200	20/40	20/40
"	57	Presbyopia	20/100	20/200	20/25	20/25
"	9	Hyperopic Astigmatism	20/400	20/400	20/60	20/60
"	30	Hyperopic Astigmatism	20/400	20/200	20/60	20/50
"		Microthalamus	20/300	20/300	20/30	20/30
"	11	Myopic Astigmatism	20/200	20/100	20/50	20/40
"	10	Myopia	20/200	20/200	20/30	20/30
Scotland	26	Cataract	L.P.	L.P.	20/20	20/20
"	77	Hyperopic Astigmatism	9/200	8/200	20/20	20/25
"	49	Presbyopia	20/200	20/200	20/30	20/30
Stanly	62	Cataract	20/200	L.P.	20/200	20/30
"	40	Cataract	L.P.	L.P.	20/40	L.P.
"	52	Presbyopia	20/100	20/100	20/20	20/20
"	14	Strabismus	20/300	20/400	20/40	20/30
"	17	Hyperopic Astigmatism	20/200	20/300	20/30	20/50
"	12	Hyperopic Astigmatism	20/200	20/200	20/90	20/90
"	16	Hyperopic Astigmatism	20/400	20/400	20/100	20/50
"	14	Myopia	20/200	20/200	20/20	20/20
"	16	Myopia	20/300	20/300	20/20	20/20
"	11	Myopia	20/200	20/200	20/20	20/20
Stokes		Hyperopic Astigmatism	20/200	20/200	20/20	20/20
"	12	Hyperopic Astigmatism	20/200	20/100	20/20	20/20
"	14	Hyperopic Astigmatism	20/200	20/200	20/20	20/20
"	13	Myopia	20/100	20/100	20/20	20/20

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Swain	10	Astigmatism	20/200	20/200	20/20	20/80
"	66	Retinitis	20/200	20/200	20/80	20/200
"	60	Amblyopia	20/200	20/200	20/30	20/30
"	16	Hyperopia	20/100	20/100	20/20	20/20
Transylvania	73	Lens Opacities	20/400	20/400	20/50	20/100
Tyrrell	51	Hyperopic Astigmatism	10/200	10/200	20/20	20/20
"	44	Hyperopia	20/200	20/200	20/30	20/30
"	34	Hyperopic Astigmatism	20/200	20/200	20/50	20/50
"	60	Hyperopic Astigmatism	20/150	20/200	20/20	20/40
Union	8	Hyperopic Astigmatism	20/200	20/200	20/30	20/30
"	14	Hyperopic Astigmatism	20/200	20/200	20/20	20/20
"		Hyperopic Astigmatism	20/200	20/200	20/30	20/30
"	26	Hyperopic Astigmatism	20/200	20/200	20/20	20/20
"	16	Hyperopic Astigmatism	20/200	20/100	20/30	20/20
"	12	Hyperopic Astigmatism	20/200	20/100	20/50	20/30
"	36	Hyperopia	20/200	20/200	20/40	20/40
"	68	Hyperopia	20/200	20/200	20/30	20/30
"	79	Hyperopic Astigmatism	20/200	20/200	20/100	20/70
"	49	Presbyopia	20/100	20/100	20/20	20/20
"	11	Hyperopic Astigmatism	20/100	20/100	20/50	20/50
"	13	Myopia	20/100	20/100	20/30	20/30
"	13	Hyperopia	20/100	20/100	20/20	20/20
"	46	Cataract	20/200	20/200	20/200	20/20
Vance	74	Hyperopia	20/100	20/100	20/20	20/20
"	9	Hyperopic Astigmatism	20/200	20/200	20/100	20/70
"	18	Hyperopic Astigmatism	20/200	20/200	20/20	20/20
"	14	Hyperopic Astigmatism	20/200	20/200	20/70	20/20
Wake	60	Cataract	20/200	20/200	20/200	20/70
"	28	G. C. Infection	20/200	20/200	20/30	20/40
"	77	Cataract	20/400	20/400	20/400	20/40
"	70	Cataract	F.C.	L.P.	F.C.	20/40
"	14	Cataract	20/200	20/200	20/80	20/70
"	49	Cataract	20/200	20/200	20/200	20/40
"	41	Hyperopic Astigmatism	20/200	20/200	20/40	20/40
"	7	Hyperopic Astigmatism	20/300	20/300	20/50	20/50
"	12	Myopia	20/200	20/200	20/50	20/50
"	66	Myopia	20/300	20/300	20/20	20/20
"	72	Myopia	20/200	20/160	20/30	20/30
"	15	Myopia	20/200	20/200	20/30	20/30
"	60	Myopia	20/300	20/200	20/30	20/30
"	14	Myopia	20/300	20/300	20/20	20/20
"	59	Corneal Ulcer	20/200	20/200	20/100	20/50
"	21	Hyperopic Astigmatism	20/200	20/200	20/20	20/20
"	57	Presbyopia	20/300	20/300	20/30	20/30
"	55	Presbyopia	20/300	20/200	20/20	20/30
"	46	Presbyopia	20/200	20/200	20/20	20/20
"	50	Presbyopia	20/300	20/100	20/20	20/20
"	56	Presbyopia	20/300	20/300	20/20	20/20
"	50	Presbyopia	20/200	20/200	20/20	20/20
"	55	Presbyopia	16/400	16/400	20/20	20/20
"	57	Presbyopia	20/400	20/200	20/20	20/20
"	67	Presbyopia	10/400	10/400	20/20	20/20
"	67	Presbyopia	20/400	20/400	20/20	20/20
"	45	Presbyopia	20/300	20/400	20/40	20/30
"	65	Presbyopia	20/200	20/200	20/20	20/20
"	91	Presbyopia	3/400	6/400	20/50	6/400
"	65	Hyperopia	20/200	20/200	20/30	20/50

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Wake	67	Cataract	F.C.	F.C.	20/30	F.C.
"	7	Hyperopic Astigmatism	20/200	20/200	20/30	20/30
"	25	Amblyopia	10/400	10/400	20/70	20/50
"	2	Myopia	20/200	20/200	20/70	20/70
"	11	Myopic Astigmatism	10/400	10/400	20/80	20/80
"	55	Hyperopia	F.C.	F.C.	20/20	20/20
"	24	Myopia	F.C.	F.C.	20/40	20/30
"	17	Myopia	20/300	20/400	20/20	20/20
"	13	Hyperopic Astigmatism	20/200	20/100	20/20	20/20
"	72	Hyperopic Astigmatism	20/400	20/400	20/50	20/100
"	54	Hyperopic Astigmatism	20/200	20/200	20/20	20/20
"	63	Hyperopia	20/200	20/200	20/30	20/30
"	25	Myopic Astigmatism	20/200	20/200	20/60	20/60
"	41	Hyperopic Astigmatism	20/200	20/200	20/20	20/20
"	56	Hyperopic Astigmatism	20/100	20/100	20/20	20/30
"	47	Presbyopia	20/100	20/100	20/30	20/30
"	38	Choroiditis		20/160		20/50
"	60	Astigmatism	20/120	20/120	20/20	20/20
"	10	Myopia	20/100	20/100	20/50	20/60
"	56	Astigmatism	20/300	20/300	20/30	20/20
"	17	Astigmatism	20/300	20/300	20/50	20/50
"	12	Myopia	20/200	20/200	20/50	20/50
"	15	Astigmatism	20/200	20/200	20/30	20/25
"	14	Astigmatism	20/300	20/300	20/20	20/20
"	55	Hyperopia	20/120	20/120	20/20	20/20
"	11	Cataract	F.C.	20/100	F.C.	20/50
"	44	Astigmatism	20/100	20/100	20/70	20/50
"	17	Hyperopia	20/100	20/100	20/100	20/50
"		Choroiditis		20/160		20/50
"	18	Astigmatism	20/100	20/200	20/70	20/50
Warren	70	Cataract	L.P.	20/200	20/40	20/200
"	11	Amblyopia		20/200		20/40
"	14	Myopia	20/200	20/200	20/100	20/70
"	11	Keratoecus	20/200	20/200	20/50	20/50
"	12	Hyperopia	20/200	20/200	20/70	20/70
"	16	Hyperopia	10/200	10/200	20/50	20/50
"		Esotropia	20/200	20/200	20/30	20/30
"	10	Hyperopic Astigmatism	20/200	20/200	20/30	20/70
"	38	Astigmatism	20/400	20/200	20/30	20/30
"	16	Astigmatism	10/200	10/200	20/25	20/20
"	15	Myopia	20/100	20/100	20/70	20/70
"	13	Hyperopia	20/100	20/100	20/50	20/50
Washington	65	Choroiditis	F.C.	20/200	20/70	20/70
"	73	Cataract	20/200	L.P.	20/200	20/50
Watauga	58	Presbyopia	20/100	20/100	20/30	20/30
"	27	Cataract	L.P.	L.P.	20/40	L.P.
"	5	Hyperopia	20/200	20/200	20/40	20/40
"	22	Myopic Astigmatism	16/200	16/200	20/60	20/60
"	15	Hyperopia	20/200	20/200	20/20	20/20
"	14	Myopia	20/100	20/200	20/20	20/20
"	63	Arteriosclerosis	20/400	20/400	20/20	20/70
Wayne	46	Consanguinity	20/300	20/400	20/70	20/200
"	53	Presbyopia	20/200	20/200	20/25	20/30
"	11	Hyperopia	20/300	20/400	20/70	20/70
"		Myopia	20/400	20/400	20/70	20/100
"	40	Hyperopia	20/100	20/100	20/20	20/20
"	59	Cataract	20/600		20/40	

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Wayne	31	Hyperopia	20/150	20/150	20/20	20/30
"	68	Hyperopia	20/200	20/300	20/30	20/30
"	66	Hyperopia	20/200	20/200	20/30	20/30
"	52	Presbyopia	20/400	20/400	20/20	20/40
"		Cataract	20/200	20/200	20/70	20/100
"	66	Presbyopia	20/200	20/200	20/70	20/70
"	62	Cataract	20/200	20/200	20/200	20/40
"	64	Cataract	20/200	20/200	20/200	20/40
"	68	Cataract	L.P.	L.P.	20/30	20/30
"	65	Presbyopia	20/100	20/100	20/25	20/25
"	64	Presbyopia	20/100	20/100	20/20	20/20
"	70	Presbyopia	20/100	20/100	20/20	20/20
"	54	Presbyopia	20/100	20/100	20/20	20/20
"	50	Presbyopia	20/100	20/100	20/20	20/20
"	10	Hyperopia	20/100	20/100	20/20	20/20
"	59	Cataract	20/600		20/40	
"	68	Hyperopia	20/200	20/300	20/30	20/30
"	66	Hyperopia	20/200	20/200	20/30	20/30
Wilkes	74	Presbyopia	20/400	20/400	20/20	20/20
"		Hyperopia	20/400	20/400	20/25	20/25
"	11	Myopia	10/400	10/400	20/40	20/40
"	67	Presbyopia	20/100	20/100	20/25	20/40
"		Presbyopia	20/400	20/400	20/25	20/25
Wilson	43	Presbyopia	12/400	12/400	20/20	20/20
"	32	Myopic Astigmatism	20/400	20/400	20/50	20/70
"	59	Presbyopia	6/400	6/400	20/20	20/20
"	65	Presbyopia	20/400	20/400	20/50	20/50
"	64	Cataract	20/400	L.P.	20/400	20/40
Yadkin	19	Astigmatism	20/100	20/200	20/70	20/70
Yancey	6	Hyperopia	20/200	20/200	20/20	20/20
"	54	Presbyopia	4/200	7/200	20/25	20/25
"	27	Hyperopia	20/200	20/200	20/30	20/200
"	46	Presbyopia	20/200	20/200	20/20	20/20
"	13	Myopia	20/100	20/100	20/20	20/20
"	19	Astigmatism	20/100	20/200	20/70	20/70
"	6	Hyperopia	F.C.	F.C.	20/70	20/40
"	54	Presbyopia	4/200	7/200	20/25	20/25
"	27	Hyperopia	20/200	20/200	20/30	20/200

in many cases, where sight cannot be restored, an operation is necessary to prevent constant pain, and dissemination of poison throughout the patient's system. In other cases, operation is necessary to prevent further loss of vision.



WHITE PATIENTS BENEFITTING FROM ONE OF THE DISTRICT CLINICS.

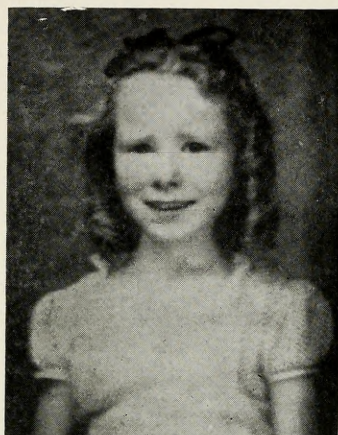
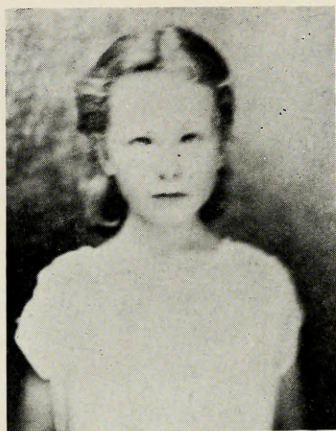


COLORED PATIENTS OPERATED ON AT ONE OF THE DISTRICT CLINICS

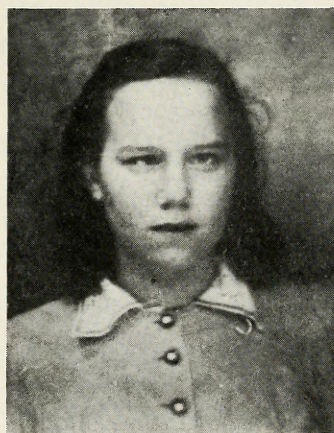
The preceding photographs show some white and colored patients for whom operations have been arranged at district clinics held by the Commission. For all operations, the operating ophthalmologists give their services free. The Commission, however, takes care of the costs involved in the operation, paying

\$5.00 per patient and taking care of the hospitalization, which averages thirteen days per patient at the rate of \$2.00 per day. The limited funds of the Commission and the limited staff (there is only one nurse for the one hundred counties) prevent the expansion of its preventive work from serving any large portion of those who need eye care.

More than 1,000 cases needing operations are now pending, many of whom are children with cross-eyes who, if they do not have an operation before the eye is fully mature, will be totally blind in one eye. The cosmetic value to these children is also great and is an important factor in their personality adjustment.



BEFORE AND AFTER AN OPERATION FOR CROSS-EYES.

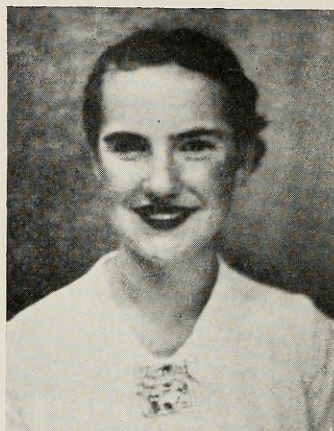
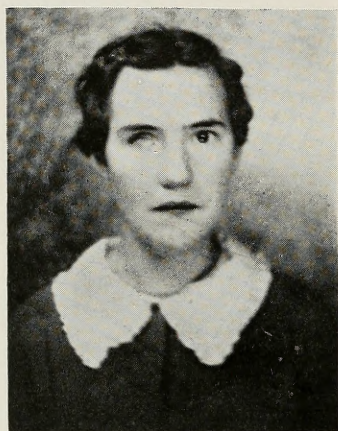


BEFORE AND AFTER AN OPERATION FOR CROSS-EYES.

A number of children have received such operations during the past biennium. The preceding photographs illustrate the improvement in the appearance of the eyes.

Many children are also found who through some childhood accident have irreparably damaged an eye and although vision is destroyed, this eye may remain as a source of infection. The unattractive appearance of the eye causes the individual to have problems in personality adjustment and he or she is sometimes rejected for employment because of this physical disfigurement.

The accompanying photographs illustrate the improvement in physical appearance by the removal of a diseased eye and the replacement with a properly fitted glass eye.



BEFORE AND AFTER AN EYE ENUCLEATION AND THE FITTING OF A GLASS EYE.

Statements from some of those who have had their vision improved or restored through these services indicate the human values of this service which the State is making available in a small degree to its underprivileged citizens:

"The saddest, and darkest days of my life were the fourteen months that I spent in total blindness. During that time I had to be led wherever I went, and this was very hard for me to bear. The members of the family were always willing to help out all they could, but I hated to be waited upon and this led to worry and endless nights of sleeplessness, also wishing that I would die so that I might be taken out of my miserable and tragic life After my first operation I got the sight of my right eye back and could drive an automobile any place I chose to go, and my second operation found me with my full eye sight, of which I am very, very thankful not only to God but to the State."

"The operation has meant 'all' to me. Before the operation I could not see at all. I had to hire someone to do my housework. Now,

I am able to do my own cooking and cleaning and can go down town without the aid of a cane"

"My son is learning to plow. I am so glad his eye is so he can see and if nothing happens we will start him in school another year"

"I have made much better grades in school than before getting my glasses. I haven't had any trouble with mine eyes since I started wearing them."

"The operation helped me a great deal. I can read and sew without my eye hurting me now. I get around myself without any help"

"The operation shure did me lots of good. I can see so much better, I can get around all right without help, and I have a little drink business hear and I am looking after it myself"

"My glasses have helped me a lot in my studies. I can read much better now. I can read and study longer and it does not give me a headache. I can sit in the back of the room now and copy notes from the blackboard. My grades have improved since I got the glasses"

"My daughter is getting along so much better. She is not in no paine at all. Taking that eye out did relise her of her pain"

"My mother-in-law's eye operation was the most wonderful thing that ever could have happened. Just imagine seeing her son whom she hadn't seen for 15 years, and her two grandchildren, also myself. We have all lived together for about five years and she didn't know how we looked. She still laughs about it and tells us that she can see us now. She can see to wash dishes, cook, sweep the house, milk the cow, pick beans—well, in fact she can do anything most that she wants to do She can also see pictures, including her mother's and father's who are dead All I can say is that it is wonderful May God bless you."

"I am very happy to say I have the sight of both eyes. Since my last operation I can read and do anything I want to"

"My eyes are improving, and I havent been bothered with them like I used to. I used to have the headache but I havent had it since I got the glasses. I have been making better grades in school than I used to before I got the glasses."

"I am getting along fine now, can get around some, I dont have to have a guide now, and dont have no pain"

Because of lack of funds and staff, only a small percentage of the total number of needy school children with seriously defective vision has been reached. It is imperative that the 11,644 children found in the School Survey to have 20/70 or less vision in both eyes receive medical eye care as soon as possible. These children have so little vision that they cannot see to read the printed pages of their text book and cannot see the blackboard so that they cannot possibly take advantage of the educational opportunities provided by the State, and, if permitted to go

uncared for, their conditions may later cause total blindness with all the resulting problems which blindness presents to the individual and to the State. It is also very necessary that the 19,244 children who were indicated by the School Survey to have 20/70 or less vision in one eye have medical eye care as soon as possible because the visual efficiency of these children is very greatly impaired and unless the defective eye is cared for, the children may lose the vision in one eye. There are many other children with progressive eye conditions and with eye conditions causing physical discomfort and nervous strain, as well as children whose eye conditions are the result of some other body defect which should be apprehended as soon as possible.

The two accompanying photographs show indigent children who have gathered for examinations at two of the school eye clinics held by the Commission in cooperation with a local club, the school and the county welfare and health department.

In the spring of 1940, the Commission in cooperation with the State Department of Education and the Superintendents, Principals and Teachers of the Public Schools throughout the State and in many counties the Health Officers and Nurses, made a State-wide Eye Survey. Since the Teacher spends more time than any other person with the child during the period that his eyes are in most constant use, they are being requested in many states to give a visual screening test to their children. Especially prepared instructions, visual charts and record forms were prepared and made available to all schools. Teachers' Meetings were attended and the survey carefully explained. The nationally accepted Snellen Eye Chart was used as a basis for the test and since this chart does not test for hyperopic or farsighted conditions, the Teachers were given a list of Observable Eye Defects so that children having all types of visual difficulties could be registered as, in the opinion of the Teachers, needing an eye medical examination. Because of absences from school at the time the tests were made and the severity of the weather last winter, making many roads impassable, it was impossible for all the children to be examined. Also, two counties did not participate in the survey, Cumberland and Washington; however, in order to show a complete table, the State-wide figures were applied to these two counties not participating.

In the Survey the teachers recorded for all children having 20/40 or less vision in either eye or having observable eye defects the following informational data: the name of the child,



NEEDY SCHOOL CHILDREN BENEFITING FROM ONE OF A NUMBER OF SCHOOL EYE CLINICS.



EXAMINATIONS BEGINNING IN A SCHOOL EYE CLINIC.

the grade, age, sex, vision according to the Snellen Chart in the right eye and in the left eye, observable eye defects, grades the child has repeated, and whether or not, in the opinion of the teachers, the parents are able to provide eye care.

TABLE NO. 3—Results of eye screening on North Carolina school children by the teachers using the standard Snellen eye tests.

Name of County	Total School Population	Approx. Number Children with Defective Vision	Per Cent of School Population with Defective Vision	Approx. Number Children with Defective Vision Who are Grade Repeaters	Approx. No. Whom Teachers Think Have Parents Unable to Provide Necessary Medical Eye Care	Approx. No. Having 20/70 or Less Vision in Both Eyes According to Snellen Chart	Approx. No. Having 20/70 or Less Vision in One Eye According to Snellen Chart
NORTH CAROLINA GRAND TOTAL.....	892,543	164,227	18.3%	62,801	82,700	11,644	19,244
HIGHLAND REGION.....	139,855	24,599	17.1	9,053	11,842	1,709	2,803
Alleghany.....	2,144	343	16.0	93	139	18	29
Ashe.....	6,028	1,097	18.2	418	568	68	110
Avery.....	4,065	750	18.4	220	353	59	78
Buncombe.....	22,946	4,691	20.4	2,126	2,602	384	536
Burke.....	8,386	1,560	18.6	408	746	93	204
Caldwell.....	8,597	1,353	15.7	527	563	103	176
Cherokee.....	5,231	844	16.1	252	373	46	76
Clay.....	1,565	307	19.6	75	125	16	29
Graham.....	1,594	291	18.3	78	102	14	24
Haywood.....	8,646	1,693	19.6	487	677	88	167
Henderson.....	6,282	1,098	17.5	402	460	70	142
Jackson.....	4,574	703	15.4	231	361	56	83
Macon.....	3,959	646	16.3	221	323	38	77
Madison.....	5,748	927	16.1	355	464	58	88
McDowell.....	5,604	895	16.0	340	406	58	95
Mitchell.....	3,808	650	17.1	222	297	56	74
Polk.....	3,372	501	14.9	199	224	33	45
Rutherford.....	12,100	1,991	16.5	704	908	136	234
Swain.....	2,886	409	14.2	162	215	25	52
Transylvania.....	2,695	507	18.8	202	245	35	54
Watauga.....	4,521	716	15.8	260	404	63	111
Wilkes.....	10,665	1,879	17.6	842	985	140	238
Yancey.....	4,439	748	16.9	229	302	52	81
PIEDMONT REGION.....	428,874	78,492	18.2	29,666	37,037	5,913	9,242
Alamance.....	12,926	2,727	21.1	1,091	1,166	199	375
Alexander.....	3,774	670	17.8	214	269	38	65
Anson.....	8,895	1,626	18.3	580	945	87	183
Cabarrus.....	14,515	2,332	16.1	799	964	143	261
Caswell.....	6,237	1,085	17.4	442	585	45	117
Catawba.....	12,555	2,125	16.9	617	991	163	223
Chatham.....	6,757	1,123	16.6	472	701	80	136
Cleveland.....	16,326	2,919	17.9	878	1,087	157	252
Davidson.....	13,374	2,992	22.4	1,268	1,350	373	401
Davie.....	3,621	576	15.9	219	261	34	62
Durham.....	17,996	3,532	19.6	1,340	1,636	218	436
Forsyth.....	26,739	4,880	18.3	1,564	2,541	496	647
Franklin.....	8,774	1,423	16.2	600	843	74	152
Gaston.....	20,805	4,278	20.6	2,132	1,846	417	595
Granville.....	8,435	1,625	19.3	563	812	104	177
Guilford.....	33,640	6,557	19.5	2,426	2,860	537	776

Name of County	Total School Population	Approx. Number Children with Defective Vision	Per Cent of School Population with Defective Vision	Approx. Number Children with Defective Vision Who are Grade Repeaters	Approx. No. Whom Teachers Think Have Parents Unable to Provide Necessary Medical Eye Care	Approx. No. Having 20/70 or Less Vision in Both Eyes According to Snellen Chart	Approx. No. Having 20/70 or Less Vision in One Eye According to Snellen Chart
PIEDMONT REGION Con.							
Iredell.....	12,850	2,388	18.6	842	1,060	176	305
Lee.....	4,697	871	18.5	346	439	51	87
Lincoln.....	6,157	964	15.7	387	341	65	121
Mecklenburg.....	31,494	5,352	17.0	1,761	2,076	445	590
Montgomery.....	5,240	1,173	22.4	399	729	71	143
Moore.....	8,215	1,932	23.5	849	1,179	114	202
Orange.....	5,821	1,014	17.4	486	579	55	95
Person.....	7,014	1,249	17.8	343	458	62	111
Randolph.....	10,057	1,466	14.6	509	785	118	213
Richmond.....	10,071	1,655	16.4	645	802	126	210
Rockingham.....	15,331	2,808	18.3	881	1,088	214	293
Rowan.....	15,014	2,609	17.4	969	1,094	184	326
Stanly.....	8,407	1,207	14.4	359	476	56	146
Stokes.....	5,779	957	16.6	359	408	59	117
Surry.....	11,693	2,206	18.9	862	875	170	278
Union.....	11,030	1,827	16.6	599	750	109	185
Vance.....	7,393	1,480	20.0	718	815	104	167
Wake.....	24,882	4,420	17.8	2,104	2,968	403	519
Warren.....	7,291	1,505	20.6	604	864	111	166
Yadkin.....	5,059	939	18.5	439	394	55	110
UPPER COSTAL PLAIN REGION.....							
	250,048	47,391	18.9	19,043	26,255	2,995	5,547
Bertie.....	7,616	1,366	17.9	448	592	64	118
Bladen.....	7,486	1,416	18.9	596	841	84	147
Columbus.....	12,049	2,664	22.1	1,077	1,342	178	328
*Cumberland.....	12,601	2,305	18.3	624	820	115	191
Duplin.....	10,431	1,744	16.7	730	969	115	229
Edgecombe.....	10,166	2,592	25.5	982	1,509	111	216
Gates.....	2,727	513	18.8	214	229	23	61
Greene.....	5,525	954	17.3	350	504	54	104
Halifax.....	15,771	2,570	16.3	909	1,299	188	283
Harnett.....	12,149	2,204	18.1	675	927	124	205
Hertford.....	5,185	948	18.3	406	581	53	110
Hoke.....	3,934	786	20.0	333	495	64	91
Johnston.....	16,830	3,538	21.0	1,531	1,884	209	547
Lenoir.....	10,059	1,611	16.0	679	966	114	206
Martin.....	7,084	1,346	19.0	457	699	68	115
Nash.....	17,186	3,359	19.5	1,602	2,072	252	511
Northampton.....	8,341	1,437	17.2	611	873	49	168
Pitt.....	16,422	2,617	16.0	1,390	1,963	180	373
Robeson.....	22,764	4,572	20.1	1,793	2,700	334	517
Sampson.....	12,684	2,181	17.2	879	1,124	141	258
Scotland.....	6,016	1,350	22.4	388	752	96	111
Wayne.....	14,393	2,488	17.3	1,094	1,341	146	265
Wilson.....	12,629	2,830	22.4	1,275	1,773	233	393

*Cumberland and Washington counties did not cooperate in the School Survey. However, the state-wide percentage figures of the remaining 98 counties have been applied in order to show a state-wide picture.

Name of County	Total School Population	Approx. Number Children with Defective Vision	Per Cent of School Popula- tion with Defective Vision	Approx. Number Children with Defective Vision Who are Grade Repeaters	Approx. No. Whom Teachers Think Have Parents Unable to Provide Necessary Medical Eye Care	Approx. No. Having 20/70 or Less Vision in Both Eyes According to Snellen Chart	Approx. No. Having 20/70 or Less Vision in One Eye According to Snellen Chart
TIDEWATER REGION-----	73,766	13,745	18.7	5,039	7,566	1,027	1,652
Beaufort-----	9,045	1,711	18.9	566	952	140	190
Brunswick-----	4,649	918	19.7	354	565	85	119
Camden-----	1,412	256	18.1	88	166	18	44
Carteret-----	4,507	981	21.8	350	563	99	159
Chowan-----	3,042	551	18.1	164	227	45	67
Craven-----	7,864	1,654	21.0	685	1,002	115	214
Currituck-----	1,649	298	18.1	84	109	15	25
Dare-----	1,432	354	24.7	123	189	34	30
Hyde-----	2,145	370	17.2	175	233	37	64
Jones-----	3,303	704	21.3	281	409	47	99
New Hanover-----	10,146	1,695	16.7	720	822	124	220
Onslow-----	4,777	874	18.3	255	330	48	72
Pamlico-----	2,763	551	19.9	215	375	24	58
Pasquotank-----	4,706	645	13.7	234	406	26	61
Pender-----	4,927	945	19.2	332	608	87	108
Perquimans-----	2,605	384	14.7	158	242	30	47
Tyrrell-----	1,357	226	16.6	85	144	21	23
*Washington-----	3,437	628	18.3	170	224	32	52

The attached table No. III recording the results of the School Survey gives much interesting data by counties, by regions, and for the State as a whole. The fact that a little more than 18 per cent of the total school population or 164,227 children are suffering from eye difficulties presents a very challenging field of work to the citizens of the State and especially to those persons interested in sight conservation and in the general welfare of the child. The fact that a little more than 38 per cent of the children reported with defective vision are grade repeaters is very significant. Our whole system of teaching and learning is based on sight and visual memory. The child who can not see the printed page of the textbook or his blackboard work without undue strain is struggling under a most difficult handicap. The fear of being at the foot of his class or of being found inferior to his other classmates and the continued efforts of his teacher to get him to do his work drive him on until overstrain seriously affects his nervous system and he escapes through the channels of ill health or is finally forced to realize that he cannot compete with other students and not wanting to admit failure, he becomes a behavior problem in the classroom. We are beginning to realize today that the personality quotient of the child is just as important as

his intelligence quotient and even for the passing of an intelligence test, vision is essential. To take advantage of the opportunities of our fine public school system, the child must be able to see the print on the pages of his textbook without undue strain.

In their testing the teachers found 11,644 children who appeared to have less than 20/70 vision in both eyes, which means that these children could not see to read ordinary print. The teachers also found that 19,244 of the children examined had 20/70 or less vision in one eye. Both of these groups of children registering this low degree of vision should be examined by an eye physician as soon as possible, because many of the conditions are progressive and unless medical care can be given, many of these children may become incurably blind in one eye or in both eyes.

In the opinion of the teachers, approximately 50 per cent of the children recorded with defective vision have parents who are unable to provide the necessary eye care. These children will be referred for further certification to the County Welfare Departments, which are the recognized social agencies within the counties which certify citizens on a basis of need.

The Commission in cooperation with local school, Welfare and Health officials and Civic and service groups is now using this survey as a basis of selecting children for clinic service—the most seriously defective children being serviced first. The present limited funds of the Commission, however, make it impossible to serve any appreciable number of those children having seriously defective vision.

On a basis of national surveys, it is estimated that one out of every 500 school children should be in a sight-saving class—that is, a special class for those children having between 20/70 and 20/200 vision. This group of children cannot see well enough to read ordinary print; yet, they do not have sufficiently little vision to be classed as blind. There are only about five cities in North Carolina large enough to justify the establishment of such a class in their city school systems, and no plans have yet been worked out for serving the large number of rural and semi-urban school children who need to be placed in a special class.

In cooperation with the school officials and the Kiwanis Club of Greensboro, a sight-saving class has been established in the Public Schools to serve the children in the city of Greensboro who cannot see well enough to read ordinary print but who do not

have sufficiently little vision to be classed as blind. There is need for other such classes.

HOME TEACHING AND TRAINING

"That the Commission . . . teach them (the blind) trades and occupations which may be followed in their homes, and to assist them in whatever manner may seem advisable to the Commission in disposing of the products of their home industry."—Public Laws of North Carolina, 1935, Chapter 53, Section 4.

"The Commission may also pay for lodging, tuition, support and all necessary expenses for blind persons during their training or instructions in any suitable occupation, whether it be in industrial, commercial or professional or any other establishments, schools or institutions, or through private instruction wherever in the judgment of the Commission such instruction or training . . . will contribute to the efficiency or self-support of such blind persons."—Public Laws of North Carolina, 1935, Chapter 53, Section 5.

Since approximately 65 per cent of the blindness in North Carolina comes after the individual reaches the age of 21, he must be taught again to read and write and must learn all over again how to do the ordinary things of everyday life. He must be taught how to develop the remaining senses to their maximum degree and to utilize to their fullest extent his powers of memorization and other faculties. The Commission through the services of its five especially trained Blind Home Teachers is bringing to as many blind as possible, not only academic and general instruction, but also guidance in re-adjustment.

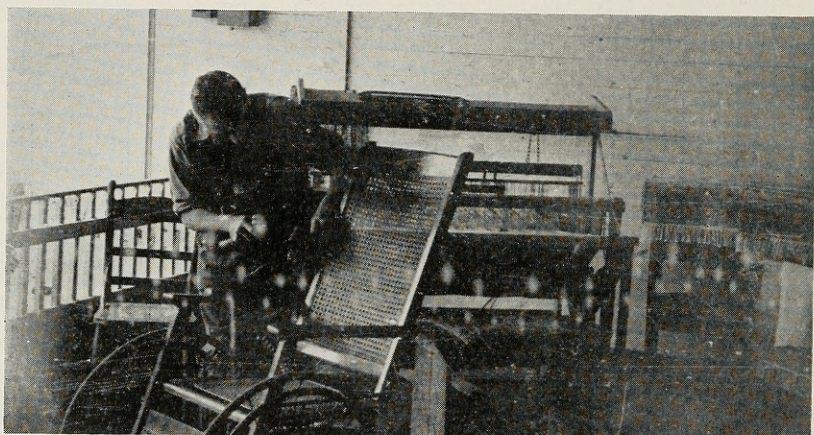
The accompanying informational data indicates the types of assistance brought to the blind individuals under the care of the Home Teachers. Many times the blind Home Teacher is the only blind person her pupil ever knows, the only one who can sympathetically understand his point of view and from a synthesis of generalized experiences realistically face the many problems that arise from the loss of sight.

INSTRUCTION AND ASSISTANCE IN HOME ADJUSTMENT WORK
WITH THE BLIND IN COOPERATION WITH LOCAL
SPONSORING CLUBS

<i>Type of Instruction and Assistance Given</i>	<i>No. Blind Persons Aided</i>	<i>Visits to Homes of Blind</i>
IN ACADEMIC WORK— Reading and writing Braille and typewriting.....	160	1,118
IN PHYSICAL ADJUSTMENT TO BLINDNESS— Assistance in learning to utilize to a maximum degree the other senses and to develop effective ways of performing without sight the ordinary activities of living	743	2,748
IN FAMILY ADJUSTMENT— Instructing the family in ways of helping the blind person to adjust to blindness. Assisting the blind person in re-assuming his normal responsibilities in the home through instruction in child care, performance of household duties, etc.	645	2,445
IN HANDICRAFT, HOBBYCRAFT, AND RECREATION— Sewing, weaving, chaircaning, mat making, leather work, basketry, crocheting, knitting, etc. Gardening, raising pets and farm animals, etc. Individual recreation, participation in commercial and community recreation	597	2,968
IN MISCELLANEOUS SERVICES— Personal and family budgeting, assistance in securing medical care, information regarding sources of aid for financial assistance and economic rehabilitation	700	1,918

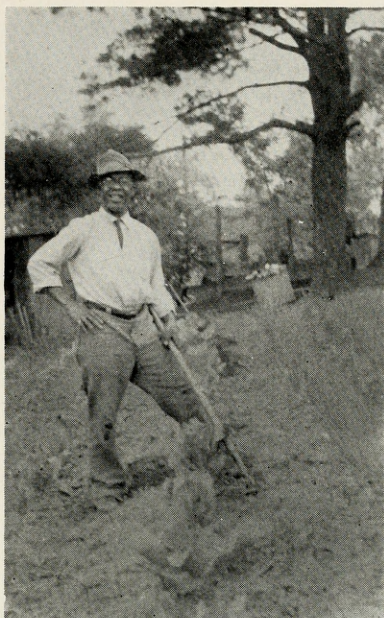
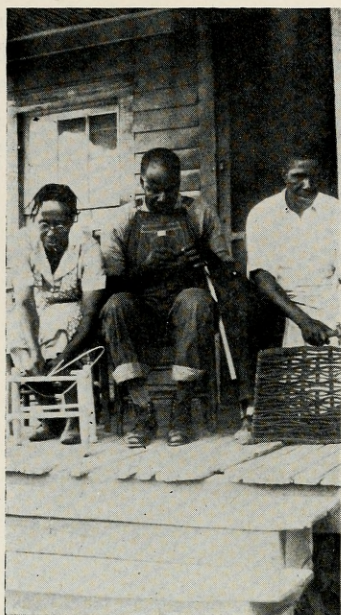
Where possible, the blind person is taught industrial work and many become sufficiently proficient to produce articles for sale, thus providing some monetary income for themselves and help to supplement the family income, as well as to occupy themselves during the long hours of darkness and potential idleness. In cooperation with the Commission, local clubs sponsor the Home Teaching work, providing the teaching materials, free visiting service and assisting the blind in disposing of their products.

The accompanying photographs show blind people who have been instructed by the Blind Home Teachers, producing articles for sale in their homes.



THE ABOVE PERSONS ARE AMONG THOSE BENEFITING FROM THE INDIVIDUAL INSTRUCTION GIVEN BY THE BLIND HOME TEACHERS.

Sometimes the blind are brought together in groups by the Teacher for instruction so that they can become acquainted with each other and at the same time receive instruction. The following photographs show the activity of some of the blind who are benefiting from such group instruction.



A GROUP OF BLIND PEOPLE WHO HAVE BEEN INSTRUCTED BY THE BLIND HOME TEACHER.



A GROUP OF BLIND PEOPLE RECEIVING INSTRUCTION FROM THE BLIND HOME TEACHER.

The major task of the Home Teacher is to help the blind person return to as normal a life as possible and assume his share of responsibility in family and community life. The following three photographs illustrate the resumption of household responsibilities after blindness by persons who have been instructed by the Home Teachers.



A NUMBER OF BLIND WHO HAVE BEEN TAUGHT BY A BLIND HOME TEACHER.



TWO OF A NUMBER OF BLIND PEOPLE WHO HAVE BEEN TAUGHT TO DO
ROUTINE WORK CONNECTED WITH HOME AND FARM LIFE.

The Home Teachers also visit the pre-school blind children and instruct the mother so that she will be able to help the child to dress itself and live as nearly as possible like the other children in the family, developing the same independence through a more careful planning on the part of the mother. The importance of sound toys, of having objects which the child comes in contact with of the correct shape, of keeping furniture in the same place, of interesting the child in the many objects out of doors and of preparing the mother to be willing to separate herself from the child so that he may go to the School for the Blind when he becomes six years of age, are all important phases of the Home Teacher's work with the pre-school child and its mother. The following photographs illustrate the work of the Home Teacher in this field.



THE TEACHER HELPS THE BLIND CHILD BY INSTRUCTING THE MOTHER.



THROUGH THE WORK OF THE TEACHER THIS LITTLE BLIND GIRL IS TAUGHT TO DRESS HERSELF AND TO DO MANY OTHER THINGS WHICH WILL HELP HER DEVELOP INDEPENDENCE.

Recreation is more important to blind people than any other group because the nature of their handicap restricts activity and shuts the individual off from the outside world. The Home Teacher endeavors to get the blind person to participate in the various types of individual and community recreation available to him. The Home Teacher works with clubs in arranging holiday parties and other recreational outings for groups of the blind and in securing the especially adapted, commercial games such as checkers, anagrams, chess, puzzle peg, Braille playing cards, etc., which are available to the blind. The accompanying photographs show groups of blind people enjoying a Christmas Party given by a Lions Club and enjoying various games in a Game and Reading Room especially equipped by a Lions Club.



THE BLIND ENJOY A CHRISTMAS PARTY PROGRAM FOLLOWED BY A REAL PARTY
IN WHICH ALL PARTICIPATE.

The five workshops for the blind established in the State by the Commission in cooperation with the Lions Clubs and other local groups provide industrial training to a small number of blind persons. If the blind person is a resident of the county in which the shop is located, transportation and guide service are furnished by the Commission. If the blind person is a resident of another county, his room, board and laundry are paid by the Commission. When the training is completed, the person is either given work in the shop or assisted in finding employment. Further discussion of these shops will be found in the section "Employment".



PUZZLE PEG, ANAGRAMS AND CARD PLAYING ARE ENJOYED BY THE BLIND IN AN ESPECIALLY EQUIPPED RECREATION ROOM.

The Commission, working in cooperation with the State School for the Blind and the State Rehabilitation Department gives assistance to blind persons in universities, colleges and special professional schools. This assistance varies according to the need of the individual, but is usually aid with room and board expenses.

EMPLOYMENT

"That the Commission shall maintain or cause to be maintained one or more bureaus of information and industrial aid, the object of which shall be to aid the blind in finding employment."—Public Laws of North Carolina, 1935, Chapter 53, Section.

"That the Commission may establish one or more training schools and workshops for employment of suitable blind persons and shall be empowered to equip and maintain the same . . . and may cooperate with shops already established . . . the Commission may also, whenever it thinks proper, aid individual blind persons or groups of blind persons to become self-supporting by furnishing material or equipment to them."—Public Laws of North Carolina, 1935, Chapter 53, Section 5, as amended by Public Laws of North Carolina, 1937, Chapter 124, Section 16.

"That the Board of County Commissioners of each county and the commissions or officials in charge of various State and municipal buildings are

hereby authorized and empowered to permit the operation of vending stands by needy blind persons on the premises of any State, county or municipal property under their respective jurisdictions; provided, that such operators shall be first licensed by the North Carolina State Commission for the Blind"—Public Laws of North Carolina, 1939, Chapter 123, Section 2.

Assisting the blind in finding gainful occupation is one of the most important phases of the Commission's work. Its value cannot be computed in dollars and cents, for blind people readily agree that their "idleness" is an even greater burden than their blindness.

Although there are many types of routine work which blind persons can do just as efficiently as seeing persons in factories and private businesses, it has been almost impossible to secure placements in these fields. This has been true largely because of two reasons: first, the large number of unemployed seeing people; and second, the feeling on the part of employers that their Accident Insurance rates will be raised as a result of having blind workers employed in their firms. Thus, after blind people have been trained and fitted for employment, the job is only partly done. The natural caution of the blind, coupled with safety precautions of modern machinery for non-thinking, seeing workers, makes it possible for a blind person to perform very satisfactorily many types of routine work, if the opportunity is given.

The experience of the Commission to the present time has been that the most profitable placements which it has been able to make have been in the establishment of small vending stands and stores and other self-made businesses in which the blind person becomes the operator under supervision. The equipment for such businesses is usually furnished by the Commission and the stock or materials by a Lions Club or some other civic or service club. In many cases, the lending of equipment or materials by the Commission will enable a blind person whose income is below the marginal level for subsistence to increase his income to the point where he is self-supporting.

The Commission has, with the North Carolina State Employment Service, a joint Placement Service for Persons with Defective Sight. The expenses of this service are equally divided between the two agencies. Blind persons who are trained and ready for employment are registered in the employment offices in the various sections of the State and are referred for placement as work opportunities develop in fields for which they are

especially trained. The table below presents concisely the types of occupations and the average weekly wage of blind persons who have been aided in securing employment.

EMPLOYMENT

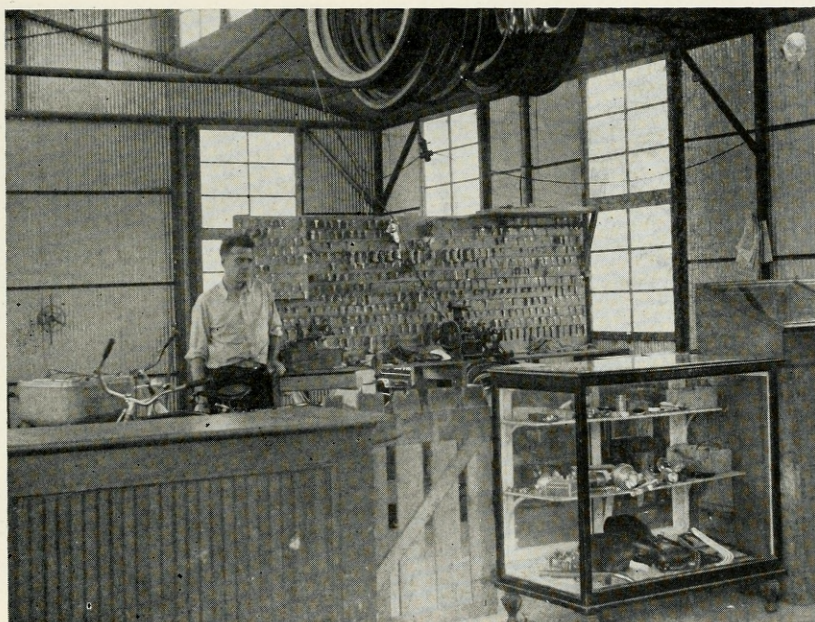
Occupation or Business Operated	Number of Persons			Average Weekly Earnings
	Male	Female	Total	
TOTAL.....	143	33	176	\$ 9.30
Mattress businesses.....	4	0	4	9.14
Construction laborers.....	2	0	2	7.50
Bicycle repair shops.....	1	0	1	18.00
Stand operators.....	27	7	34	8.60
Janitor.....	1	0	1	6.00
Clerical worker.....	1	0	1	6.00
Mattress shops.....	8	0	8	8.00
Mat makers.....	2	0	2	6.00
Weaver.....	1	0	1	6.00
Piano tuner and dealer.....	3	0	3	8.00
Receptionist.....	1	0	1	7.00
Filling station operators.....	5	0	5	9.60
Masseur.....	1	0	1	10.00
Grocery stores.....	22	1	23	7.50
Venders.....	4	5	9	10.00
Farm laborer.....	1	0	1	5.00
Laundry businesses.....	2	0	2	6.00
Secretarial work.....	0	1	1	8.00
Produce vendor.....	1	0	1	5.00
Wood and coal yard operator.....	1	0	1	7.00
Popcorn machine operator.....	1	0	1	10.00
Poultry businesses.....	5	0	5	5.00
Broom business.....	1	0	1	5.00
Shoe shop.....	1	0	1	5.00
Florists.....	2	0	2	6.00
Insurance agent.....	1	0	1	18.00
Cafe operator.....	1	0	1	10.00
Second-hand clothing business.....	1	0	1	6.00
Radio announcer.....	1	0	1	12.50
Grist mill operator.....	1	0	1	10.00
Workshop employees.....	33	13	46	7.77
Social worker.....	0	1	1	12.50
Teachers.....	4	4	8	17.00
Multigraph operator.....	1	0	1	25.00
Cement block business.....	1	0	1	10.00
Miscellaneous employment.....	1	1	2	13.00

Reports are required from those operating businesses and the person is visited periodically by the placement agent who assists him in devising new ways of increasing his income and increasing his efficiency on the job.

The following photographs illustrate a few of the different types of employment in which the blind have been aided.



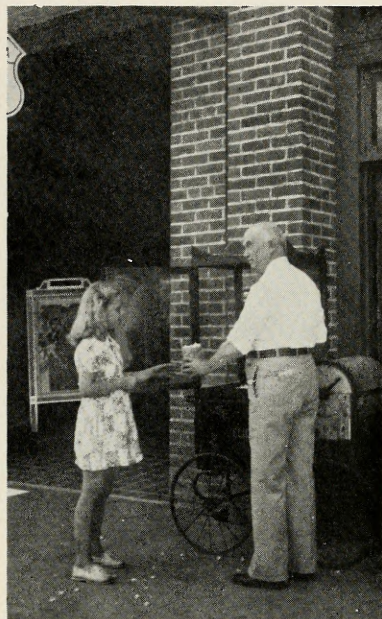
YOUNG OSTEOPATHIC PHYSICIAN ON HIS WAY TO OFFICE GUIDED BY A GUIDE DOG.



BICYCLE RENTAL AND REPAIR SHOP.



BLIND GIRL CARRIES ON MAGAZINE SALES
WORK BY TELEPHONE



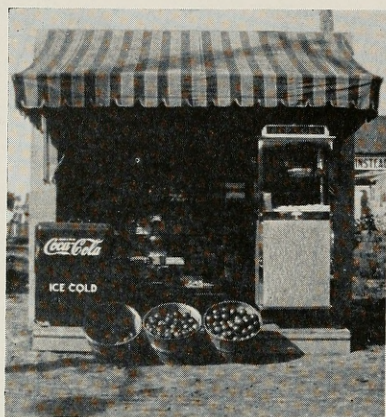
POPCORN VENDER



A NUMBER OF BLIND ARE FINDING
POULTRY RAISING INTERESTING



OPERATING A GRIST MILL



FRUIT AND CONCESSION STREET
STAND



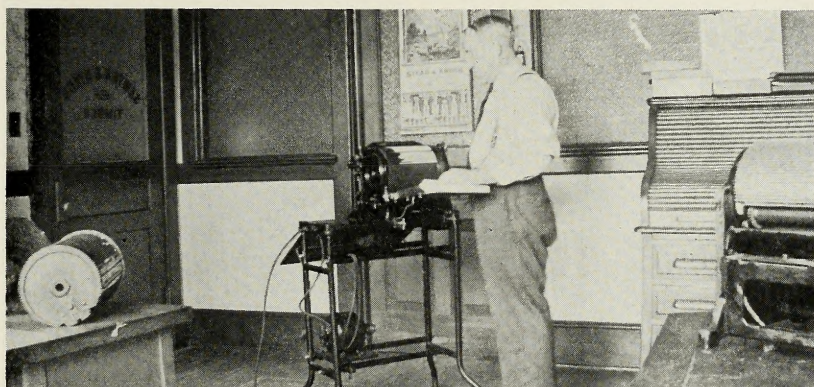
BLIND BOY WORKS WITH FLOWERS JUST
OUTSIDE HIS GREENHOUSE



NEWS CONCESSION STAND IN ONE OF THE STATE'S LARGEST BUILDINGS.



BLIND MAN FINDS CEMENT BLOCK BUSINESS PROFITABLE.



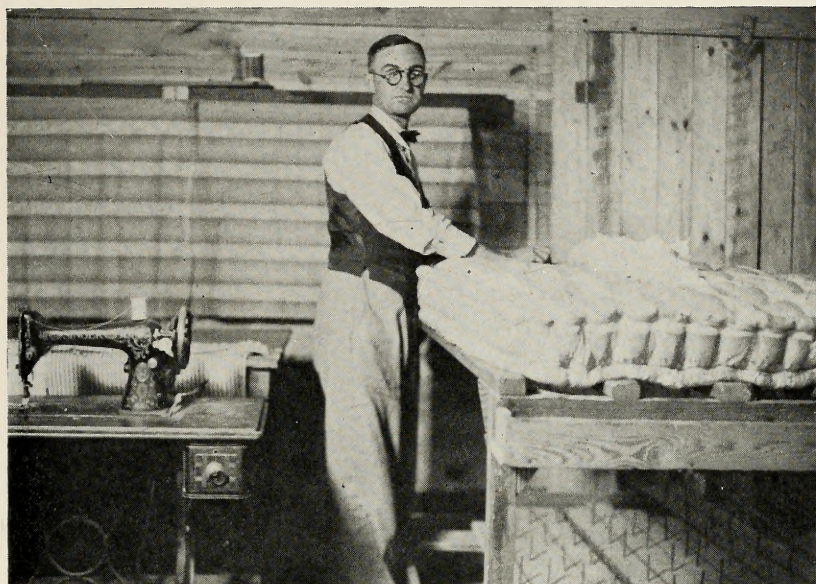
MULTIGRAPH OPERATOR WHO HAS BUILT UP GOOD BUSINESS IN SPITE OF BLINDNESS.



CAFE OPERATOR WITH TWO SEEING ASSISTANTS.



CONCESSION STAND IN ONE OF THE STATE BUILDINGS.



BLIND MAN OPERATING HIS OWN MATTRESS SHOP.



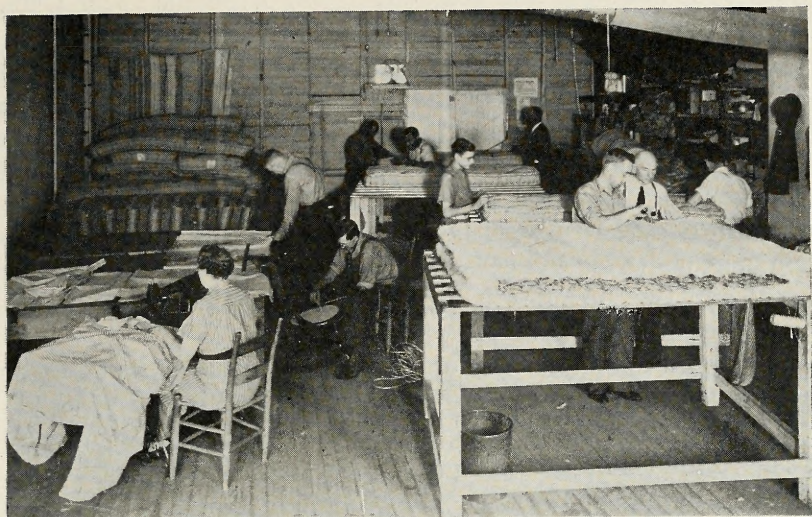
CONCESSION STAND IN A FEDERAL FARM SECURITY BUILDING.



MANY BLIND ARE FINDING RURAL GROCERY STORES PROFITABLE BUSINESSES.

A large percentage of the blind who are capable of supporting themselves do not have the ability to operate businesses of their own, but are able to produce eight hours per day and become self-supporting if given employment under direction and supervision in a sheltered workshop. The shops are non-profit making organizations sponsored by a local club or association. The Commission furnishes the equipment, pays the training expenses of trainees sent to the shop and approves the employment of personnel. The local club or association secures the location, provides the material, merchandises the products, assumes responsibility for all overhead expenses, and manages the shop. A properly operated shop provides an excellent opportunity for the State to train the blind at a minimum cost and to give employment to those blind persons who cannot become self-supporting elsewhere. The shops make reports to the Commission regarding their production and financial transactions. There are established in the State five small workshops and two industrial centers. All articles made are of standard quality and are sold in the open markets at average market price.

The Asheville Lions Club Workshop for the Blind is operated in a rented building. Mattress making, mattress renovating and



ASHEVILLE LIONS CLUB WORKSHOP.

upholstering are the major industries. Chair caning and basketry are also engaged in. In addition to blind persons in training in the shop, the shop employs eight workers on a piecework basis.

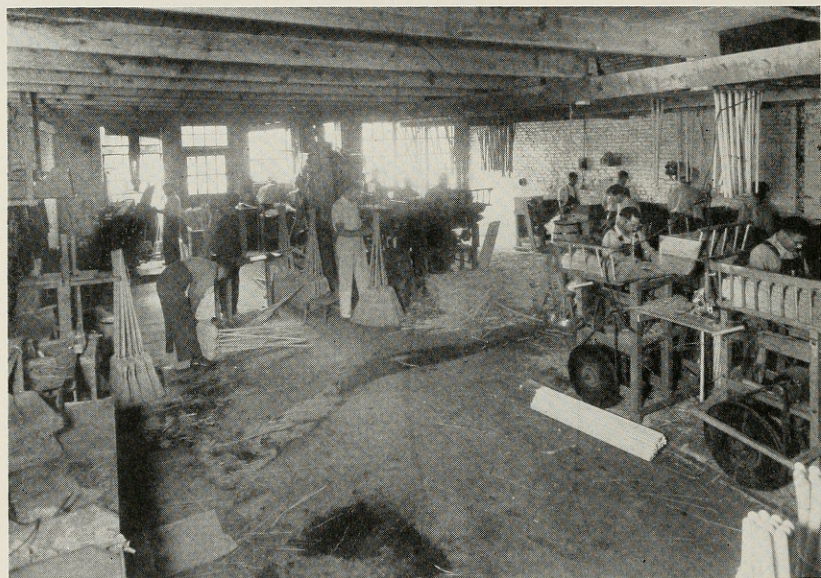


DURHAM LIONS CLUB WORKSHOP.

The shop is managed and operated by the Asheville Lions Club. The preceding photograph shows the major division of the shop.

The Durham Lions Club Workshop for the Blind is operated in a large, modernly equipped building which was purchased by the Club at a cost of a little more than \$5,000. The major industries of this shop are mattress making, mattress renovating and weaving. Mat making, chair caning and novelty sewing are also done. In addition to blind persons in training in the shop, the shop employs seven workers on a piecework basis. The shop is operated by the Durham Lions Club. The photograph on page 49 shows the major division of the shop.

The Guilford County Workshop for the Blind operates under the sponsorship of the Guilford County Association for the Blind in a two-story, fire-proof building given rent-free by the city of Greensboro. The major industry in this shop is broom-making.



GUILFORD COUNTY ASSOCIATION WORKSHOP.

Brushes, mops, rugs, chair bottoms and various types of novelty articles are also made. In addition to persons in training, in the shop, the shop employs seventeen workers on a piece-work basis. The photograph above shows the broom department of this workshop.

The Mecklenburg County Workshop for the Blind operates in a new, modernly equipped building, which has been deeded to the State, and has as its major industries mattress making and mattress renovating. Weaving, basketry, mop making, chair caning, sewing and various types of novelty work are also done. In addition to persons in training in the shop, the shop employs seven workers on a piece-work basis. The Mecklenburg County Workshop is sponsored and operated by the Charlotte Lions Club. The photograph on this page shows the major division of the shop.



MECKLENBURG COUNTY ASSOCIATION WORKSHOP.

The Winston-Salem Lions Club Workshop for the Blind is operated in a one-story brick and steel building purchased by the Club at a cost of \$2,500. The main industries in this shop are weaving, basketry, mattress making and mattress renovating. Upholstering, chair caning and various types of novelty work are also done. In addition to blind persons in training, the workshop employs seven workers on a piece-work basis. The workshop is managed and operated by the Winston-Salem Lions Club. The photograph on page 52 shows the major division of the shop.



WINSTON-SALEM LIONS CLUB WORKSHOP.

There are two industrial centers in the State which are at present operated chiefly to give industrial training to the blind in the local community. These industrial centers are operated under the sponsorship of the Cumberland County Association for the Blind in Fayetteville and the Eastern Carolina Association for the Blind in New Bern. Weaving, chair caning, basketry, mat making, sewing and various types of novelty work are done in these centers.

DIRECT AID TO NEEDY BLIND

"The North Carolina State Commission for the Blind shall be charged with the supervision of the administration of assistance to the needy blind under this act"—Public Laws of North Carolina, 1937, Chapter 124, Section 2. (See Appendix for full provisions of this Act.)

Direct aid for needy persons is more essential for the blind than for other population groups because no handicap is so destructive to economic independence as blindness. During the past bien-nium, there has been a monthly average of 1,942 blind persons receiving direct aid through the Commission under the Social Security Program. The Program is administered locally by the County Departments of Public Welfare, as the local agents of the Boards of County Commissioners and of the Commission for the

Blind. Blind persons receiving this assistance are those who are in need of the bare necessities of life and who have no relatives able to provide for them and whom the Commission has been unable to make self-supporting. The majority of the recipients have some other handicap in addition to blindness, such as advanced age, poor health or other disability, and can never become employable. The average monthly grant per blind recipient is \$14.80 which is \$8.88 less than the national average of \$23.68 per month per individual.

There are pending at the present time 660 needy blind persons who are eligible under the law for Aid to the Blind but who cannot be aided because there are not sufficient State funds to assist them. As in the case of the present recipients, the majority of these pending applications are from persons having some other major physical handicap in addition to blindness.

In many cases blind persons are rehabilitated and placed in employment, earning enough to take care of themselves, but they do not earn enough to take care of their wives and small children and need a supplementary grant. Also, often a direct aid grant is needed for short periods of time when the blind person is experiencing some misfortunes, such as sickness, which with its increased needs makes it impossible for him to continue completely self-supporting, at least during the time of the emergency, and, if he could receive a temporary public assistance grant, he would be able to get back on his feet again.

The Commission, because of limited funds, has been unable to give grants for continuing medical care. There is great need for such assistance among the blind, for quite frequently the physical conditions causing blindness are still present in the individual and should be treated to prevent suffering and premature death. Small public assistance grants are greatly needed to assist in providing medical care in these cases.

The following informational data on blind persons who have received direct aid during the period from July 1, 1938, through June 30, 1940, presents some very interesting facts.

SOCIAL DATA ON CURRENT RECIPIENTS OF AID TO THE BLIND
ON CASES CLOSED AND ON APPLICANTS REJECTED FROM
JULY 1, 1938 THROUGH JUNE 30, 1940

1. Average number blind persons receiving direct monthly aid during period	1,942
2. NUMBER BLIND PERSONS ELIGIBLE BUT AID TO THE BLIND FUNDS NOT AVAILABLE	660
3. Number applications denied blind aid	159
Reasons aid denied:	
Ineligible because of too much vision	50
Ineligible because of residence requirements	6
Eligible for another form of assistance	18
Other	85
4. Number blind persons whose cases were closed	916
Reasons for closure:	
Became self-supporting	162
Other form of aid given because of limited Aid to the Blind funds	40
Death	300
Relatives became able to support	330
Moved out of district	21
Other	63
5. NATIONAL AVERAGE MONTHLY GRANT PER BLIND RECIPIENT	\$23.68
6. NORTH CAROLINA'S AVERAGE MONTHLY GRANT PER BLIND RECIPIENT	\$14.80
7. Average range of individual monthly grants during period:	
\$ 5.00- \$ 9.00	168
10.00- 19.00	1,397
20.00- 30.00	377
8. Age of blind persons receiving direct aid:	
0-14 years	12
15-24 years	98
25-54 years	719
55 and over	1,113
9. Race of blind persons receiving direct aid:	
White	1,030
Colored	887
Indian	25

MISCELLANEOUS SERVICES

7,639 visits to homes of blind persons have been made during the biennium by members of the Commission staff to render some service to a blind person. In the great majority of cases, these visits were made by Home Teachers to give instruction and assistance to the blind person in adjusting to blindness and by the Placement Agents to aid the individual in completing plans for employment or in improving present employment. In some cases, visits were made to acquaint blind persons with the services available through the Commission and other agencies in the State.

10,201 interviews have been held with the blind either in the home, in centers of employment, or in the office of a cooperating

agency to make plans with the blind person to help him to meet his needs more adequately or to give him supervisory assistance with a view of improving his efficiency on the job which he is holding.

13,289 contacts have been made with interested citizens regarding blind persons in their communities. Many of these contacts have been made with members of clubs and other organized groups with a view to securing varying types of assistance or cooperation in meeting the needs of blind persons living in that community. The securing of second-hand radios and typewriters and having them reconditioned for blind persons; the giving of guide service and transportation for a blind person to attend church and general community meetings, and assisting him to participate in other forms of community activity; the furnishing of white canes; the securing of free theater passes for a blind person and his guide to attend the theater; the arrangement of holiday parties for the blind or the inclusion of the blind in community entertainments; assistance in marketing the products made by the blind individual; and many other personal neighborly services are rendered by interested citizens who are usually members of a club or other organized group interested in the social welfare of their communities.

449 talks have been made before clubs or other organized groups and 186 industrial exhibits displayed. 260 blind persons have been aided in securing general medical attention. 473 Talking Book Machines have been placed in homes of the blind. These were secured by the Commission through the Library of Congress, which agency, cooperating with the American Foundation for the Blind, had the machines made on a Federal W. P. A. project.

6 sterilization operations were arranged for blind persons at their request.

AID FROM OTHER AGENCIES, GROUPS AND INDIVIDUALS

SOCIAL SECURITY BOARD

Under Title X of the Federal Social Security Act, the Social Security Board pays one-half of the Aid to the Blind grants now being given to needy blind and allows, in addition, one-half of the cost of administration. The Social Security Board supervises the Aid to the Blind program and its various divisions give services to the State.

COUNTY COMMISSIONERS AND COUNTY WELFARE DEPARTMENTS

The County Welfare Departments act as the certifying agents for Aid to the Blind and for the medical services of the Commission and have given excellent cooperation in all phases of the work. The County Commissioners provide one-fourth of the funds necessary for direct aid to the needy blind and approve the certification of needy persons for this aid with the amounts to be given.

NORTH CAROLINA STATE EMPLOYMENT SERVICE

The North Carolina State Employment Service operates with the Commission a joint Placement Service for Persons with Defective Sight, taking care of one-half the expenses. This agency renders invaluable services in securing employment for the blind.

DEPARTMENT OF VOCATIONAL REHABILITATION

The Commission works very closely with the Department of Vocational Rehabilitation, carrying a number of cases jointly. The Rehabilitation Department pays one-half of the salaries of two Rehabilitation Agents of the Commission and of the Industrial Supervisor.

LIONS CLUBS

Districts 31-A, 31-B and 31-C of Lions International, which comprise all the Clubs in North Carolina, have as their major project "Work for the Blind." Each year two trophies are awarded to the Clubs having carried on the best projects for the blind—one to Clubs having a membership of under 35, the other to Clubs having a membership of more than 35. In addition to the work shops sponsored by Lions Clubs, a wide variety of worthwhile and far-reaching projects are being sponsored by members of the more than 100 Clubs in the State, most of whom are cooperating in some way with the Commission. Lionesses have also become active in rendering worthwhile personal services to individual blind and in assisting blind women to market their products.

NORTH CAROLINA STATE ASSOCIATION FOR THE BLIND

The North Carolina State Association for the Blind, composed of leading citizens in the State who are interested in the problems of the blind, has given its full cooperation to the work of the Commission. Its member County Associations for the Blind have cooperated very closely with the Commission in carrying on pro-

grams for the blind and for the prevention of blindness in their counties.

OPHTHALMOLOGISTS

North Carolina is most fortunate in having located in the various sections of the State Eye Physicians who are giving unsparingly of their time and interest to prevent blindness and wherever possible to conserve and restore vision. These Ophthalmologists give to the charity patients recommended to their care the same highly skilled, professional services received by the private patient, and without the very fine cooperation and unselfishness of these Physicians it would be impossible to develop a program of prevention in North Carolina.

The Commission is also indebted to the many private physicians who give treatment to persons referred for general medical attention by the Ophthalmologists. The eye difficulties of these patients are the result of diseases or abnormal conditions in other parts of the body, for the eye is often called "a thermometer to bodily conditions." Many indigent persons with defective vision coming under the care of the Commission have diseases of the blood vessels, kidneys, brain or other parts of the body which are first picked up by the Eye Physician. Diseased tonsils and other bodily infections in children are so often the cause of impaired vision, which condition if not detected by an Eye Physician and corrected may impair the efficiency not only of the eye but of other vital organs of the body.

OTHER AGENCIES AND INDIVIDUALS

The State Federation of Women's Clubs, especially the Junior Women's Clubs, have taken work for the blind as one of their major projects. Individual club women are rendering personal services to the blind as a part of their general program.

The State Welfare Department, the State Department of Education, the W. P. A., the State Board of Health, and the County Welfare, School and Health Officials have given valuable assistance in the development of the work.

The State School for the Blind has given fine cooperation to the Commission in the development of its work.

Rotary, Kiwanis, American Business Men's Clubs, Exchange Clubs, P.T.A.'s and other organizations have cooperated in their local communities.

The following National organizations aid the Commission in the development of its work: The American Foundation for the

Blind, The National Society for the Prevention of Blindness, and The Seeing Eye.

RECOMMENDATIONS

"The Annual Report shall present a concise review of the work of the Commission for the preceding year, with such suggestions and recommendations for improving the conditions of the blind and preventing blindness as may seem expedient."—Public Laws of North Carolina, 1935, Chapter 53, Section 8.

It is hoped that this report has presented in brief form the invaluable services now being rendered to the blind and visually handicapped through the activities of the Commission. It reveals also many unmet needs. While the members of the Commission realize that the Legislature cannot appropriate funds to take care of all of the present needs, they do feel that it is their definite responsibility to urge the Legislature to appropriate additional funds for the extension of two major phases of the work; namely, prevention and direct relief which have been emphasized in the Introduction and body of this report.

Additional funds are needed to extend the Home Teaching and Rehabilitation services to larger numbers of the blind; to provide special revolving funds for the stand vending, workshop and home industry programs; to purchase equipment and stock for larger numbers of the blind in order that they may become self-supporting in small businesses of their own; and to provide general medical care and other personal services, which are not now available. However, in view of defense needs and worldwide unsettled, economic conditions, the Commission is not requesting funds for these items, but is confining its request for increased funds to two very eminent needs.

An increase of \$21,685.00 is asked in the Prevention program to provide the needed medical eye care to the most urgent cases now pending. The economy of such action to the State is forcefully illustrated by the fact that during the past biennium 653 indigent persons were removed from the classification of blindness. To give these indigent persons a monthly relief grant at our present monthly average of \$15.00 per individual per month to maintain them in blindness would cost the tax payers in State, County and Federal money \$235,080.00. Yet through the prevention program, these people are able to return to normal life and perform ordinary types of work. In addition to the services rendered this group, 4,578 others were given eye medical care during the biennium, increasing the productivity of the adults

serviced and lessening grade repeating among many of the children given medical eye care. More than 1,200 eye operations for indigent persons are now pending with new cases being reported regularly. The eye surgeons give their highly skilled services free to the State and hospitals give a special charity rate so that the average cost per operation per person is \$31.00. The increase requested plus the small amount now available will take care of 500 of the most urgent operative cases each year—many of whom are indigent school children suffering from extremely cross-eyes who unless they can receive the needed medical eye care will be totally blind in one eye for the remainder of their lives.

In the School Survey discussed in the preceding pages, 164,227 children have been found, by the eye test given by their teachers, to have defective vision, of which 62,801 or approximately 38 per cent are grade repeaters. The teachers have stated that in their opinion the parents of 82,700 or approximately one-half of the children appearing to have visual difficulties are unable to provide the needed medical eye care. Unless those children with the most seriously defective vision are taken care of within the near future, it will not be possible to improve their vision to an extent whereby they can fully profit by the excellent educational opportunities offered in North Carolina. Many children who cannot now see the blackboard or the printed page of their textbooks can be taken out of the classification of blindness simply by fitting glasses. The actual cost involved in the examination and refraction of a child is \$1.00. If the State will continue to assist in taking care of the actual costs involved in the examination, refraction, operation and hospitalization of indigent people, the eye physicians in North Carolina will give their highly skilled professional services free to indigents of the State, and civic and service clubs will buy glasses as needed. Thus, under the plan, the major expenses of the prevention program are being carried by the eye physicians and civic and service groups. The increase requested by the Commission, plus the small amount now available will take care of 200 eye clinics during the year—each clinic serving 50 children.

In carrying out a Prevention of Blindness Program, the services of Medical Social Workers especially trained in this field are indispensable. These workers are needed to assist the ophthalmologist in holding eye clinics and to assist the operating surgeon in arranging and conducting district operative clinics and in providing the necessary follow-up work to insure successful results. At the present time the Commission has only one Medical

Social Worker to do the work in the 100 counties. It is, therefore, requesting an increase of \$2,880 to provide two-thirds of the salary and travel for two Junior Medical Social Workers, who will have 40 counties each, leaving the present Senior Medical Social Worker 20 counties in addition to the necessary administrative responsibilities of her job. One-third of the salary and travel of these two additional workers will be paid from Federal funds.

The second major item for which the Commission is requesting an increase is in the Direct Relief Program. An increase of \$32,160 is being requested, \$31,680 of which is to provide the State's portion of \$4 per month per individual for 660 needy blind persons who are now eligible under the law and who are in need of assistance to provide the minimum necessities of food, clothes and shelter. The majority of these have some other major physical handicap in addition to blindness. Blindness is a sufficiently heavy burden for any individual to bear, and when poverty and other physical handicaps are added, the condition becomes intolerable, reflecting discredit upon the social order which permits such conditions to remain.

The remaining \$480 of this requested increase is to provide one-half the salary of one additional office worker to aid in handling the office work of the Aid to the Blind program. The remaining half of the salary will be paid from Federal funds. The Commission does not have a Statistician and File Clerk on its staff at the present time. A number of statistical reports are required, and a large amount of informational data and case material must be maintained in the State office on the blind receiving assistance in the 100 counties. The Commission feels that this worker is essential for efficient administration of this program.

The Commission also wishes to make three minor recommendations to the Legislature to make possible the adjustment of three administrative problems that have arisen: first, the Commission recommends that the Legislature make possible for better conformity with the Social Security Program, a small Contingency and Emergency Fund of \$5,000. The Federal Government requires the availability of such a fund. This money will be spent only to take care of a contingency or emergency need and if such needs do not arise will revert back to the State. The State Board of Charities and Public Welfare has a \$100,000 equalization fund for emergencies and contingencies in carrying out the Old Age Assistance and Aid to Dependent Children

programs, and Agencies administering the Social Security Program in other states have a similar fund.

Secondly, the Commission recommends that it be permitted to pay \$60 per month on the salary of the five workshop foremen. At present the salary of only one is set up on the budget. Since the blind workers in these shops receive some Federal funds, it is necessary that these foremen be brought under the Merit System of Personnel Administration now required by the Federal Government. The placing of these foremen on the State pay roll is also desirable administratively because the present indirect arrangement makes it difficult to fix the responsibility of the foreman.

Thirdly, in setting up the Merit System of Personnel Administration, it is necessary that the various salaries within the agency be controlled by the educational and experience requirements. An increase of \$600 annually in State funds is needed to bring the salary classification of the five Home Teachers in line with other job specifications of the agency. This amount will be matched with Federal funds.

APPENDIX

EXPENDITURES FOR 1938-1939 AND 1939-1940

CHAPTER 53, PUBLIC LAWS OF 1935

CHAPTER 99, PUBLIC LAWS OF 1937

CHAPTER 185, PUBLIC LAWS OF 1939

Purposes And/Or Objects	Expenditures for 1938-1939	Expenditures for 1939-1940
I. ADMINISTRATION		
101 Salary, Executive Secretary	\$ 1,350.00	\$ 1,443.75
102 Salary, Staff	930.00	1,336.60
103 Expense of Commission	358.61	335.36
104 Supplies and Materials	63.66	72.51
105 Postage, Telephone and Telegraph	536.00	536.00
106 Printing	15.19	40.56
107 General Expense	30.00	28.10
108 Bonding	13.50	13.50
109 Equipment	15.45	319.06
110 Unallocated	241.41	-----
110 Travel Expense	-----	712.20
111 Biennial Report	265.00	-----
111 Unallocated	-----	0
Total	\$ 3,818.82	\$ 4,837.64
II. DIRECT AID TO NEEDY BLIND, RESTORATION AND CONSERVATION OF VISION		
201 Salary, Statewide Nurse	\$ 1,274.16	\$ 1,370.00
202 Travel Expense	544.11	780.00
203 Direct Aid to Needy Blind, Examina- tions and Operations	5,428.12	4,521.44
204 Medical Appliances	7,022.15	7,672.36
205 Printing	0	0
206 Supplies and Materials	62.46	99.82
207 Salary, Sight-Saving Teacher	225.00	225.00
208 School Survey	-----	575.87
209 Operation of Preventorium	-----	504.04
Total	\$ 14,556.00	\$ 15,748.53
III. PLACEMENT SERVICE FOR THE BLIND		
301 Salary, Placement Agent	\$ 1,320.00	\$ 1,320.00
302 Salary, Stenographer	660.00	575.00
303 Salary, Others	720.00	719.97
304 Supplies and Materials96	73.43
305 Equipment	22.89	91.56
Total	\$ 2,723.85	\$ 2,779.96
IV. DIRECT AID TO NEEDY BLIND, TRAINING AND EMPLOYMENT		
401 Salaries, Rehabilitation Agents	\$ 2,410.00	\$ 2,745.00
402 Salary, Shop Superintendent	712.00	720.00
403 Salaries, Teachers and Instructors	3,649.75	4,720.00
404 Salary, Industrial Supervisor	1,320.00	1,320.00
405 Direct Aid to Needy Blind, Supplies and Materials	2,480.49	2,739.64
406 Travel Expense and Guide Service	2,399.96	2,990.00
407 Direct Aid to Needy Blind, Training Expense	8,398.54	7,509.60
408 Direct Aid to Needy Blind, Equipment	4,853.18	4,193.98
409 Printing	0	12.79
410 Truck	445.00	445.00
411 Travel and Guide Service for Home Teachers	-----	2,030.20
Total	\$ 26,668.92	\$ 29,426.21

Purposes And/Or Objects	Expenditures for 1938-1939	Expenditures for 1939-1940
Total Requirements	\$ 47,767.59	\$ 52,792.34
Less: Estimated Receipts	18,922.19	22,033.42
Appropriation	28,845.40	30,758.92

CHAPTER 124, PUBLIC LAWS OF 1937

CHAPTER 185, PUBLIC LAWS OF 1939

Purposes And/Or Objects	Expenditures for 1938-1939	Expenditures for 1939-1940
I. ADMINISTRATION		
101 Salaries, Field Supervisors	\$ 3,687.50	\$ 4,511.30
102 Travel Expense, Field Supervisors	2,396.64	1,950.00
103 Salary, File Clerk	960.00	560.00
104 Salary, Accountant	1,500.00	1,500.00
105 Equipment	28.53	63.88
106 Postage, Telephone and Telegraph	600.00	600.00
107 Supplies and Materials	337.18	214.99
108 Printing	49.55	49.19
109 Medical Certification of Applicants	1,353.50	289.00
110 Bonding	11.11	3.00
111 Repair of Equipment	-----	39.00
112 Expense, Advisory Medical Committee	-----	3.85
Total	\$ 10,924.01	\$ 9,784.21
II. PLACEMENT SERVICE FOR THE BLIND		
201 Salaries, Placement Agents	\$ 2,250.00	\$ 1,589.60
202 Travel Expense, Placement Agents	2,283.26	1,857.19
Total	\$ 4,533.26	\$ 3,446.79
III. PAYMENTS TO NEEDY BLIND		
301 State	\$ 85,366.13	\$ 88,189.69
302 Federal	170,826.97	179,761.11
303 County	80,214.53	83,001.92
Total	\$336,407.63	\$350,952.72
IV. FEDERAL ADMINISTRATION TO COUNTIES		
401 Federal Administration to Counties	-----	16,813.66
Total	-----	\$ 16,813.66
Total Requirements	\$351,864.90	\$380,997.38
Less: Estimated Receipts	264,543.74	291,742.52
Appropriation	87,321.16	89,254.86

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